

Empowerment, young people and health

Thesis submitted for the degree of
Doctor of Philosophy

Grace Spencer

Institute of Education, University of London

Abstract


This study has examined concepts of empowerment as they relate to young people's health. Beginning with an analysis of recent theories of power, the thesis offers a critical exploration of the conceptualisation of empowerment and identifies how current uses of the term appear to have moved away from many of their original theoretical underpinnings. Identifying these theoretical tensions provided the impetus for an empirical enquiry which sought to critically question the relationship between empowerment and young people's health. The goal of the investigation was to reveal the possibilities for, and limitations of, empowerment among young people.

Informed by an interpretivist epistemology and drawing upon ethnographic methods, data were collected from young people aged 15-16 years through focus group discussions, individual interviews and observational data in a school and surrounding community settings. Themes drawn from the research were analysed for their implications for 'emic' conceptualisations of health and empowerment. Key findings pointed to young people's preference for more positive understandings of young people and their health. Participants described how dominant perceptions of young people as 'immature' and 'risky' negatively impacted on their health; shaping subsequent possibilities for, and limitations of, their empowerment. Based on study findings and informed by Steven Lukes' (2005) tripartite perspective on power, the thesis offers a new conceptual framework for understanding the concept of empowerment and its relationship to young people's health.

Declaration and word count

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

Word count (exclusive of appendices and list of references): 83,375 words.

Signed 

Grace Spencer

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Chapter Zero

Understanding concepts of empowerment

My interest and experience in the field of health promotion, and more specifically with the concept of empowerment, has grown over the last 15 years. As part of my undergraduate nursing studies degree at the University of Edinburgh, I was introduced to some of the complexities of promoting health, including some of the extensively documented structural and contextual features that generate and sustain health-related inequalities and inequities (Townsend and Davidson, 1982; Whitehead, 1988; Wilkinson, 1996; Acheson, 1998). At that time, I was particularly drawn to critical social theory and inspired by the works of Antonio Gramsci (1971), Paulo Freire (1970, 1996), Steven Lukes (1974, 2005) and Michel Foucault (1980, 1990), among others. As an undergraduate student, I saw great merit in analysing these theorists in relation to current debates on health promotion and more specifically, the concept of empowerment – which at that time was gaining increasing popularity following a number of national and international reports on health (World Health Organisation [WHO], 1977, 1986; Department of Health [DH] 1992, 1999).

Drawing upon theorisations of power, a critical analysis of the concept of empowerment provided the focus for my undergraduate dissertation. In this work, I began to draw out and interrogate some of the thorny theoretical tensions and unquestioned assumptions surrounding concepts of empowerment. More specifically, the dissertation addressed the

significance of the social category of age which, at that time, I felt had received little attention as a key structuring determinant of health and as an important unit of social analysis, alongside other more commonly theorised and investigated dimensions, such as those linked to social class, gender and ethnicity.

Building on this conceptual background, as part of my Masters degree in public health at King's College London, I began (albeit rather tentatively) to investigate empirically the 'meaning' of empowerment in relation to young people's health and their health-related practices. In this work I examined young people's perceptions of health, risk and UK Government priority areas such as smoking, drinking and healthy eating (DH, 2004a). Taking this work further, and as a precursor for this study, my dissertation for a subsequent Masters in educational and social research at the Institute of Education, University of London similarly focused on young people's perspectives on health-related risks and examined the relative strengths and limitations of various research methods in accessing young people's views on concepts of health and health-related risk.

Previous experience as a research nurse with the UK's Medical Research Council had provided me with important insights into some of the methodological complexities involved in research with young people, and in particular, the ethical dimensions of conducting school-based research. This experience was set within a positivist framework and involved quantitative methods of enquiry. My own nursing experience, however, pointed to the potential value of interpretivist enquiry and use of more qualitative methods

to tap into and examine some of the diverse meanings and 'lay' understandings (Lupton, 1994, 2005) young people attach to concepts of health.

Nursing and the experience of promoting young people's health

Coupled with these theoretical concerns, my professional experience as a nurse in a variety of clinical settings in the UK and Australia has fuelled my enthusiasm for health promotion. My own clinical nursing practice over the past twelve years has been increasingly influenced by consecutive Government health agendas (DH, 1992, 1999, 2004a). Working as a nurse and then as a research nurse and nurse lecturer, I became increasingly involved with the promotion of health and, in particular, the challenges that exist to promoting young people's health.

Working as a nurse often revealed how Government priorities appeared detached from the everyday concerns and experiences of young people (Brooks and Magnusson, 2007; Woodgate and Leach, 2010). This was illustrated on a number of occasions when I delivered health education in schools. The questions asked by young people, for example, 'Is it ok to be homophobic?', 'What causes spots?', and 'Is it OK to fight with someone?' often represented concerns that reached beyond official health prescriptions and pointed to the alternative understandings and meanings young people attach to the concept of health. Such questions highlighted how young people differ considerably in their perspectives, practices and experiences. Not all young people are the same; when it comes to health

orientations, there exist systematic differences, for example, between the experiences of young women and young men; between young people of differing sexualities; and between young people from differing social class backgrounds (Aggleton and Campbell, 2000).

Observing the diversity of young people's experiences inevitably ignited my professional concern for their health whilst it simultaneously made me aware of the broader tendency to homogenise and pathologise young people. The disjunction between protectionist and participatory discourses¹ in much health-related policy and practice, along with the marginalisation of young people's own perspectives, fuelled the impetus for exploring and problematising this aspect of health promotion within the context of this thesis.

Understanding young people's own perspectives on health is paramount if future health promotion efforts are to be consistent with how young people themselves perceive their health. Without this insight not only does health promotion run the risk of seeming irrelevant to young people (Aggleton, Ball and Mane, 2000), but it also undermines many of the founding principles of empowerment that stress the importance of identifying people's own concerns (Laverack, 2005).

¹ See *Choosing Health: Making Healthy Choices Easier* (DH, 2004a, Chapter three) for an example of protectionist and participatory discourses on young people's health. This chapter sets out the former Labour Government's action to protect young people's health through developing young people's knowledge and skills to responsibly manage their 'risky' health-related behaviours.

International health promotion experience

Of particular relevance to my interest in empowerment and young people's health was the time spent working on a number of empowerment-based projects in various international settings, including Tanzania, Brazil and South Africa. Working with community members on projects underpinned and informed by concepts of empowerment revealed to me some of the complexities of translating theoretical ideals into practice. Within these diverse contexts, concepts of empowerment were, and continue to be, positively advocated as a positive, proactive and 'bottom-up' strategy to health promotion. However, little is known about the mechanisms through which empowerment might lead to (positive) health, or indeed the potential and diverse ways in which dominant power relations shape and define the possibilities for, and limitations of, empowerment within any given context.

Whilst more individualised notions of the concept of empowerment have been adopted within UK health promotion practice, often based on the development of [young people's] self-esteem and confidence (see DH, 2010a), more collective forms of the concept stem from the work of the Brazilian educationalist Paulo Freire and his discussion of *conscientização* or Critical Consciousness Raising (Freire, 1996).

To observe some of these conceptual differences, in 2006 I took the decision to volunteer as a nurse on an empowerment-based community development project in a large favela in Rio de Janeiro. During this time, I soon realised how young people's experiences of health and empowerment were inextricably bound with the effects of poverty, mediated through

the activity of drug trafficking. In this context, the intricate workings of power came to the fore as young people's daily activities did not appear to be shaped by more individualised processes of self-esteem and confidence, but through the various collective strategies young people developed to negotiate the very real dangers presented by the daily operation of drug trafficking.

Building on these experiences in Brazil, I subsequently worked as a nurse volunteer in South Africa on an empowerment-based HIV project with young people. In this context, the interplay of poverty *and* gender were particularly pronounced, yet these projects, like many others, remain committed to promoting individualistic aspects of young people's self-esteem and confidence as evidence of their 'empowerment' (see for example, Scriven and Stiddard, 2003; Wight and Dixon, 2004) . Whilst not downplaying the importance of supporting young people to feel positive about whom they are and what they do, this sustained focus on concepts linked to self-esteem fails to engage fully with the structural and contextual factors that shape the health and everyday lives of young people (Aggleton and Campbell, 2000; Goldenberg *et al.*, 2008).

Participating in such projects not only fuelled my enthusiasm for this area of work, but also generated in me considerable frustration as different notions of empowerment seemed to be used in rather inconsistent ways, with very limited accounts of the ways in which dominant relations of power shape the possibilities for, and limitations of, empowerment. The absence of an understanding of power seemed to oversimplify the relationship between

empowerment and health, with the over-riding assumption that empowerment unproblematically translates into positive health outcomes.

Despite the clear contrast between the social contexts in which I have worked, I have often been surprised by some of the close synergies in health and health-related issues between young people in Brazil, South Africa and the UK, for example. In these contexts, community workers often assumed that my own health-related knowledge and experience would hold the solutions to the 'problems' of obesity, diabetes, hypertension, teenage pregnancy, and sexually transmitted infections (STIs). When I relayed well-rehearsed UK policy concerns about such issues, community members were surprised by my response and asked: Do you have teenage pregnancy and STIs in the UK?

These experiences, in particular, opened up the value of observational techniques as an important method to investigate the complex relationship between health and empowerment. The continuous questioning of my own ways of seeing and knowing was a typical reaction to my immediate surroundings as I attempted to make sense of those practices that did not seem to 'fit' (or seemed to fit too well) with my own understanding and experiences. During these times, the importance of two aspects of interpretivist enquiry came to the fore: reflexivity and reactivity (Denzin and Lincoln, 2005). I was constantly aware of how my own positioning and background affected my reaction and interpretation of events unfolding within these contexts. Whilst immersing oneself into a particular context can present a number of (methodological and ethical) challenges (Tucker, 2007), these experiences served to help better inform my understanding of the

complex relationship between concepts of power and empowerment as they affect young people's health.

These experiences, and others, provide the context and inspiration for this thesis. In particular, the thesis seeks to examine more critically the concept of empowerment and its relationship to young people's health. An investigation of this kind offers the possibility of new theoretical insight as well as options for new directions for health promotion informed by concepts of empowerment.

Chapter One

Introduction

This chapter sets out the context and focus of the thesis, including the study's main aim and objectives. In particular, it highlights the increasing popularity of the concept of empowerment in the broad field of health promotion and, more specifically, its use in relation to young people's health. By doing so, the chapter outlines recent political and public concern about young people's health and specifically, their engagement with 'risky' health-related behaviours. Four key arguments are presented.

First, the chapter argues that, despite its popularity, the concept of empowerment has been poorly conceptualised and its relationship to young people's health is currently not well understood. In particular, notions of empowerment are often presented as 'solutions' to the 'problem' of young people's health without critical attention to the concept's theoretical underpinnings or indeed to the related concepts of power. Second, the failure to adequately conceptualise empowerment has resulted in many inconsistencies in the way the concept has been used within both policy and research with young people. These inconsistencies not only lead to the assumption that empowerment unproblematically transpires into positive health outcomes, but also point to an emerging disjunction between the participatory and protectionist risk-based discourses that guide much health promotion practice with young people.

Third, the chapter argues that by emphasising risks to young people's health, current policy takes a predefined risk-reduction approach and fails to engage with more positive conceptualisations of young people and their health. Not only is it argued that this predefined approach is antithetical to the concept of empowerment, but dominant health discourses further downplay the potentially different meanings and understandings young people attach to their health and health-related practices.

Fourth, and finally, it is argued that by examining young people's sometimes alternative perspectives on health, the purported health-enhancing outcomes of empowerment may be challenged but, in doing so, may also open up possibilities for some new, alternative understandings of empowerment.

The chapter concludes by highlighting how these emerging tensions create the impetus for an empirical enquiry on empowerment, young people and health. The final part of the chapter outlines the overall structure to the thesis and how these identified issues will be addressed in subsequent chapters.

Empowerment, young people and health

Concepts of empowerment are frequently advocated as a positive, proactive approach to promoting health (World Health Organisation [WHO], 1986; Kendall, 1998; Tones, 2001; Tones and Tilford, 2001; Laverack, 2004, 2005; Department of Health [DH], 2010a and b). In spite of its popularity, empowerment has been poorly conceptualised, and yet the term continues to be widely used in much national and international health-related policy, practice and research (see for example, WHO, 1986; United Nations Population Fund [UNFPA], 2006; Department for Children, Schools and Families [DCSF], 2007; Department of Health [DH], 2010a and b). In more recent times, empowerment has been the focus of much work with young people amidst growing concerns about their health and health-related practices (Helve and Wallace, 2001; Berman, 2003; Altman and Feighery, 2004; Wight and Dixon, 2004; Berg, Coman and Schensul, 2009; Mohajer and Earnest, 2009, 2010).

Concern about young people's² health and, in particular, the health-related risks associated with smoking, drinking, unhealthy eating, drug use, and sexual activity is frequently reported in the UK news and is highlighted in recent UK Government policy (DH, 2004a, 2010a). Issues such as teenage pregnancy, 'binge-drinking' and obesity, in particular, have attracted many negative comments in the media – prompting what has been described as a wider 'moral panic' about young people and their health (Campos *et al.*, 2006; Arai, 2009;

² The United Nations (UN) defines 'youth' as those persons aged between 15-24 years. Those under 14 years are defined as children. Article 1 of the United Nations Convention on the Rights of the Child (UNCRC), however, defines children up to the age of 18 years. The UN further distinguishes 'teenagers' (aged 13-19 years) from young adults (aged 20-24 years) (Youth and the United Nations [2010]. [Online]. Available at: <http://www.un.org/esa/socdev/uny/index/anda.htm> Last accessed on 15th February 2011).

Macvarish, 2010). Coupled with other recent reports such as the UNICEF Innocenti report on children and young people's well-being (UNICEF, 2007), these growing concerns depict a rather bleak picture of the health of young people in the UK (Morrow and Mayall, 2009).

The concept of empowerment is often offered as a 'solution' to such concern, with the uncritical assumption being made that empowerment unproblematically leads to positive health outcomes. For example, the previous Labour Government's health policy *Choosing Health: Making Healthy Choices Easier* (DH, 2004a) gave specific attention to young people's health and sought to "strengthen measures to protect children and young people and help them understand and manage risk and develop responsible patterns of behaviour" (DH, 2004a: p. 41). The Department of Health, drawing in many ways on the participatory principles of the United Nations Convention on the Rights of Child [UNCRC] (United Nations [UN] Assembly, 1989), argues that promoting young people's health would be achieved through building "a culture of participation where children and young people are involved in the range of issues and decisions that affect them" (DH, 2004a: p. 48).

Similarly, the successive and recently formed Coalition Government³ stresses a 'radical approach' to public health based on the empowerment of communities (DH, 2010a: p. 2). Young people attract specific attention as being the 'biggest lifestyle risk-takers' and the

³ On May 11th 2010 a new Conservative-Liberal Democrat coalition Government came into office. Whilst the thesis attends to the change of Government and includes recently released policy by the Coalition, the thesis was primarily written during the time of the former Labour Government and largely reflects the political context of that time.

identified priority is the need to strengthen their self-esteem, confidence and resilience to “empower them to make healthy choices” (DH, 2010a: p. 6).

These policy documents highlight an emerging disjunction between what might be called protectionist and participatory discourses that influence much health promotion policy and practice. By stressing the risks to young people’s health, not only do protectionist policies fuel the widespread (negative) concern about young people’s health and specifically their so-called risk health behaviours, but they also advocate for a notion of empowerment that is inconsistent with many of its theoretical underpinnings. For instance, numerous understandings of empowerment in the health promotion literature stress the importance of a ‘bottom-up’ strategy based on people’s own concerns and place particular emphasis on notions of autonomy, collectivity and resistance (Barker, 1999; Laverack, 2004, 2005; Eyben and Napier-Moore, 2009; McDaid, 2010), crucially acknowledging the related issues of power that shape the possibilities for, and limitations of, empowerment.

Consequently, whilst advocating for young people’s empowerment, recent health promotion policy and practice appears to take a predefined risk-reduction approach which appears antithetical to the concept of empowerment itself in its failure to try and understand and take seriously young people’s own perspectives on health. This (negative) risk-based approach further downplays possibilities for a more positive conceptualisation of young people and their health (Ingham, 2006) – an understanding of which may be paramount to the possibilities for empowerment amongst young people.

The widespread attention on young people's health and empowerment has led to a proliferation of research that has sought to identify young people's perspectives on their health (see for example, Ioannou, 2003, 2009; van Exel, de Graaf and Brouwer, 2006). However, this body of research has typically been framed according to official priority areas such as sexual health (see Skidmore and Hayter, 2000; Hyde *et al.*, 2005), alcohol (see Bogren, 2006; Järvinen and Gundelach, 2007; Tutenges and Rod, 2009), smoking (see Denscombe, 2001a; Haines, Poland and Johnson, 2009), drug use (see Pilkington, 2007); mental health (see Armstrong, Hill and Secker, 2000; Johansson, Brunnberg and Eriksson, 2007), physical activity (see Brooks and Magnusson, 2007; Gosling, Stanistreet and Swami, 2008), and healthy eating (see Bauer, Yang and Austin, 2004; Ridder *et al.*, 2010). Whilst providing important insights into young people's thoughts on various health topics, rarely has this strand of research sought to identify young people's own understandings of health more broadly or the potentially different areas young people identify as pertinent to their health (exceptions include Aggleton *et al.*, 1996, 1998; Spencer, 2008).

Recent evidence suggests that current political priority areas may not resonate with young people's own understandings of health and their health-related concerns (Brooks and Magnusson, 2007; Percy-Smith, 2006, 2007; Spencer, 2008; Wills *et al.*, 2008; Woodgate and Leach, 2010). For example, a growing body of research highlights some of the more socially contingent meanings young people attach to health and their health-related practices (see Mitchell, 1997; France, 2000; Mitchell *et al.*, 2001; Tulloch and Lupton, 2003; Ingham, 2006; Marston, King and Ingham, 2006; Austen, 2009). In particular, several studies point to evidence of the positive and pleasurable aspects of taking up

health-related practices defined as ‘risky’ by official health discourses (Lupton and Tulloch, 2002; Gilbert, 2007; Lindsay, 2009; Tutenges and Rod, 2009).

These more positive dimensions have been found to include ‘having fun’ (van Exel, de Graaf and Brouwer, 2006; Lindsay, 2009; Tutenges and Rod, 2009), supporting the development of a sense of identity (Denscombe, 2001a; Nichter *et al.*, 2006; Haines, Poland and Johnson, 2009) and promoting peer acceptance (Denscombe, 2000).

Findings from other studies highlight how engaging in collective health-related practices may support forms of cultural and symbolic capital linked to the expression of particular styles and tastes (Järvinen and Gundelach, 2007; Haines, Poland and Johnson, 2009), thereby enabling young people to better negotiate and reach valued social positions (Room and Sato, 2002).

Evidence of this kind may in fact point to young people’s increasing autonomy (Katainen, 2006), resistance (Raby, 2010) and empowerment (Denscombe, 2001b) as they actively *choose* to engage in practices identified as ‘risky’ by official health discourse irrespective, often in full knowledge, of the health risks presented (Denscombe, 2001b; Baillie *et al.*, 2005; Katainen, 2006). Young people’s ‘resistance’ to official forms of health promotion not only questions the widespread assumption that empowerment will result in positive health outcomes, as defined by official health discourses, but it also exemplifies how current usages of the term have become far removed from its theoretical underpinnings.

In light of these omissions, contradictions and unquestioned assumptions in the health promotion literature and health-related policy and practice, there is a need to address more fully the theoretical complexity of concepts of empowerment and, rather importantly, to identify the relationship between empowerment and young people's health. Given that the concept of empowerment seeks to identify people's own (health-related) concerns (and not purely perspectives based on existing priority areas), this thesis positions young people's frames of reference as central to understanding empowerment's relationship to health. Furthermore, the concept of empowerment continues to be advocated in a wide range of literatures without clear conceptualisation of the word itself or its origins in notions of *power*. Taking different conceptualisations of power as its starting point therefore, this study will critically examine concepts of empowerment and their relationship to young people's health.

Study aims

Against this background, the study's central aim was to explore the possibilities for, and limitations of, empowerment with young people and, importantly, to identify the relationship between empowerment and young people's health. More specific objectives included:

- (i) critically examining notions of empowerment and their purported relationship(s) to (young people's) health;

- (ii) examining the dynamics and effects of power that may impede or facilitate possibilities for young people's health and empowerment within a given context;
- (iii) identifying the forms of health promotion that provide possibilities for empowerment as perceived by young people and contrasting these with professional perspectives on young people's health;
- (iv) reflecting upon and assessing the relative strengths and limitations of the research methods used to examine the relationship between empowerment and young people's health.

Outline of thesis

This introductory chapter has set out some of the emerging tensions within current uses of concepts of empowerment in health promotion policy and practice. Chapter Two addresses these tensions more thoroughly by examining different concepts of empowerment and their different meanings and uses in the literature. This subsequent chapter argues that underpinning empowerment are related concepts of *power* – an understanding of which may point to differing possibilities for, and limitations of, empowerment amongst young people. Drawing upon the literature on empowerment, young people and health, the possibilities for, and limitations of, empowerment amongst young people are examined.

Building upon the arguments presented in Chapter Two, Chapter Three describes the overall methodological approach to the empirical enquiry. This chapter identifies some of the ontological and epistemological assumptions underpinning data collection and analysis. Key methodological concerns and the potential complexities of conducting research with young people are also considered which further served to inform and justify the methodological choices made. The chapter then details the study design and methods employed to achieve the study's central aims.

Chapters Four, Five and Six present the findings from the empirical enquiry. Chapter Four analyses young people's understandings of health which challenge existing individualised understandings of empowerment in the literature. Chapter Five examines young people's health-related concerns and the areas they identify as negatively affecting their health. In doing so, the chapter considers the possibilities for collective forms of empowerment and the operation and effects of power that shape the possibilities for, and limitations of, empowerment amongst young people. Chapter Six examines young people's possibilities for effecting social change in line with their own frames of reference. Specifically, the chapter analyses young people's suggestions for supporting their health and how these suggestions might help inform concepts of empowerment.

Based on findings from the empirical enquiry and informed by Lukes' (1974, 2005) tripartite perspective on power, Chapter Seven offers a new conceptual framework for understanding the concept of empowerment and its relationship to young people's health. This new framework helps better explain some of the thorny theoretical tensions within

existing conceptualisations and, importantly, the relationship between empowerment and young people's health.

Finally, Chapter Eight concludes the thesis by outlining its main contributions to existing debates on empowerment, young people and health. This chapter underscores the strengths of the study and reflects on some of its potential limitations. By doing so, the chapter opens up possibilities for future enquiry on empowerment, young people and health.

Chapter Two

Literature review

Introduction

This chapter examines the concept of empowerment, its different meanings and uses in the literature. In particular, the concept of empowerment and its relationship to young people's health is examined. The chapter argues that underpinning notions of empowerment are related concepts of power – which may open up different possibilities for, and limitations of, empowerment amongst young people.

The chapter consists of four main parts. Part one details the background to the increasing popularity and use of empowerment in a range of literatures. Particular attention is given to the use of empowerment in relation to young people's health and the ways in which the concept has been drawn upon to encourage young people to adopt expert defined 'healthy' behaviours. Two key points are made here. First, it is argued that much of the literature uncritically assumes that individual empowerment unproblematically translates into positive health outcomes. Second, current usages of empowerment often lack grounding in theoretically informed and consistent definitions.

Part two of this chapter then offers a critical review of the diverse ways empowerment has been defined. Conceptual distinctions are made between empowerment as a process and/or

empowerment as an outcome; and between individual or psychological empowerment and community empowerment. It is argued that much of the existing literature continues to advocate empowerment without clear conceptualisation of the word itself and critically, its root word – *power*.

Part three takes up the discussion on power in order to identify its relationship(s) to differing conceptions of empowerment. A number of perspectives on power, and their implications for understanding empowerment, are examined. This part of the discussion identifies some further theoretical tensions surrounding current uses of empowerment and concludes by outlining a conceptual framework of power which will support further examination of the concept of empowerment and its relationship to young people's health.

Finally, part four draws together empirical evidence to investigate the purported relationship between empowerment, young people and health. The aim of this final discussion is to consider possibilities for empowerment as given in current literature on young people's health. By doing so, the discussion highlights some further limitations of empowerment, thereby providing the rationale for undertaking an empirical enquiry on empowerment, young people and health.

Two key arguments are presented in this final section. First, drawing on evidence of young people's resistance to health promotion messages, the widely held assumption that empowerment promotes positive outcomes, as suggested by official health discourses, is

questioned. Second, the discussion illustrates how current usages of empowerment may unwittingly reinforce, rather than shift, existing power relations.

Background

Concepts of empowerment are increasingly evident in health promotion discourses (see for example, Rappaport, 1984; Farrant, 1991; Zimmerman, 1995; Kendall, 1998; Tones, 1998a and b; Tones and Tilford, 2001; Wallerstein, 2006; Tengland, 2007, 2008; Laverack and Whipple, 2010). Empowerment now appears as a key element of much health promotion practice, policy and research (Laverack, 2004, 2005; Braunack-Mayer and Louise, 2008; DH, 2010a). The increasing popularity of empowerment in the field of health promotion was most notably endorsed within various World Health Organisation (WHO) statements, including the Alma Ata Declaration (WHO, 1977) and Ottawa Charter (WHO, 1986).

The Ottawa Charter explicitly identified community action and empowerment as central components of health promotion through which communities can take ownership and control over their own lives (WHO, 1986). Drawing particular attention to the inter-relationship between health and the socio-economic environment, much mainstream health promotion presents and advocates empowerment as a positive and proactive approach to challenging the wider social determinants of health, including the widely documented social, political and economic factors known to mitigate against positive health outcomes (see for example, Laverack, 2001; Laverack and Wallerstein, 2001; Wallerstein, 2002,

2006). The concept of empowerment has therefore been embraced as the primary goal of health education and promotion (Tones, 1998a; Tones, 2001; Tones and Tilford, 2001; Wallerstein, 2006; Pearrow and Pollack, 2009).

Notions of empowerment can be traced to social action theories and the feminist and self-help movements of the 1960s and 1970s (Anderson, 1996; Kendall, 1998) and were heavily influenced by components of critical social theory and processes of collective consciousness raising and resistance (see Freire, 1970, 1996; Habermas, 1972; Giroux, 1983). Many authors (see for example, Campbell and MacPhail, 2002; Wallerstein, 2002, 2006; Ataöv and Haider, 2006) draw upon these theories to highlight the importance of collective action in order to bring about social change.

More recent uses of empowerment, however, have been criticised for adopting a more individualistic approach (see Grace, 1991; Cook, 2007; Baker, 2008). Cook (2007), for instance, points to the popularity of empowerment in marketing and consumerism which create an illusion of 'free choice', but which ultimately does little to address and challenge existing power relations or bring about social change. Similarly, Grace (1991) argues that any empowerment strategy merely represents a way in which an individual can be manipulated and constructed as a health consumer who is still subject to the control of health professionals and policy makers who exercise their power in decision-making processes.

More generally, people's needs are increasingly defined and shaped by neo-liberalist discourses which become disguised by utilising concepts such as 'enabling' and 'empowering' (Grace, 1991; Skelton, 1994; Cook, 2007; Baker, 2008). These individualised usages of the concept have thereby prompted a shift in the interpretation of empowerment from one of collective action, with its central aim of effecting social change (Israel *et al.*, 1994), to that of individual control and responsibility (Kendall, 1998; Starkey, 2003). The latter, as the discussion proceeds to illustrate, is a feature of more recent health policy and literature on young people's health.

These differing interpretations of empowerment are also reflected across a growing range of literatures, not just within the broad field of health promotion. The concept of empowerment now appears as a popular concern for a number of disciplines and practices including social work practice (see Pease, 2002; Thompson, 2002; 2007; Gaiswinkler and Roessler, 2009), nursing (see Gilbert, 1991; Skelton, 1994; Anderson, 1996; Rodwell, 1996; Ning *et al.*, 2009), organisation and management studies (see Lee and Koh, 2001; Lincoln *et al.*, 2002; Gill *et al.*, 2010) feminism and feminist practice (see Karl, 1995; Mosedale, 2005; Sardenberg, 2010), disability studies (see Barnes and Mercer, 1995; Yeoh, 2009), critical race studies (see Stovall, 2006; Briggs, 2010), the sociology of childhood (see Christensen and James, 2008; Qvortrup, Corsaro and Honig, 2009) and international development literatures (see Gibson and Woolcock, 2008; Eyben and Napier-Moore, 2009; Kuttub, 2010).

Concepts of empowerment are also evident in a number of successive government health policies (see for example, DH, 1992, 1999, 2004a and b, 2006, 2010a and b). Although these policies were developed under different British governments, these documents often link notions of empowerment with the increasing emphasis on user involvement and participation in health care. Rarely is empowerment clearly defined; instead the concept is often advocated as a positive approach to engage patients, professionals, and the public in health-related decision-making (Ashworth, Longmate and Morrison, 1992; Poulton, 1999; Henwood *et al.*, 2003; Morgan, 2003).

In recent times, and drawing on the principles enshrined in the UN Convention on the Rights of the Child (United Nations [UN] Assembly, 1989), an empowering partnership approach has been extended to areas of young people's health (see for example, DH, 2004a; DfES/DH, 2006). Examples of such can be found in many of the previous Labour Government's policy documents, including: *Every Child Matters* (Department for Education and Skills [DfES], 2003), *Choosing Health: Making Healthier Choices Easier* (DH, 2004a), *National Service Framework for Children, Young People and Maternity Services* (DH, 2004b), *National Healthy Schools Status: A Guide for Schools* (DfES/DH, 2005), *Youth Matters: Next Steps* (DfES/DH, 2006), *Aiming High for Young People: A Ten Year Strategy for Positive Activities* (Department for Children, Schools & Families [DCSF], 2007) and *Healthy Lives, Brighter Futures – The Strategy for Children and Young People's Health* (DH/DCSF, 2009).

Within the former Labour Government's *Aiming High* Strategy, for example, a 'vision for empowerment' (DCSF, 2007: p. 30) was set out. This included increasing young people's control over local spending; developing and prioritising youth services that were responsive to young people's needs; and fostering a positive view of young people in society as a whole. The development of the Healthy Schools Framework (DfES/DH, 2005; European Network for Health Promoting Schools [ENHPS], 2005) similarly prioritised the development of responsive and sensitive health services for young people. These documents discuss notions of participation interchangeably and synonymously with empowerment, often highlighting a *need* to "empower young people...to take greater control of their health and wellbeing by raising awareness of their risk taking behaviour..." (DH/DCSF, 2009: p. 45) – thereby reflecting more individualised notions of the concept.

The current Coalition Government similarly prioritises concepts of empowerment in its recent health policy (DH, 2010 a and b). The public health White Paper *Healthy Lives, Healthy People: Our Strategy for Public Health in England* (DH, 2010a) advocates a 'radical' shift in policy is needed to address "lifestyle-driven health problems" through a "new approach that empowers individuals to make healthy choices..." (p. 2). Young people attract specific attention for their particular susceptibility to 'high risk behaviours', with a focus on strengthening their self-esteem and confidence in order to empower them to 'choose' healthy lifestyles.

Whilst government policy seeks to empower young people by strengthening their self-esteem and confidence to make healthy choices, it does so through highlighting young

people's responsibility in exercising the 'right' choices (DH, 2010a). These right choices typically refer to abstinence from risky health-related behaviours such as smoking, 'binge-drinking', drug use, unprotected sex, and unhealthy eating (DH, 2004a; DH, 2010a).

Young people's abilities to make the right choices are then taken as examples and evidence of their empowerment.

By suggesting that young people's compliance with health promotion messages points to evidence of their empowerment, government policy appears to be largely set within a pre-defined risk-reduction framework. This approach exists in some contradiction with the original theoretical underpinnings of empowerment which, as set out in the previous chapter, stress the importance of working from people's own concerns. As such, it reveals a number of tensions and assumptions concerning empowerment and its relationship to young people's health.

First, as recent evidence suggests, official agendas for empowerment may fail to resonate with young people's own health-related concerns and priorities (Ingham, 2006; Percy-Smith, 2006, 2007; Spencer, 2008; Wills *et al.*, 2008) and take seriously the more social aspects of young people's health and health-related practices (see Mitchell, 1997; France, 2000; Mitchell *et al.*, 2001; Tulloch and Lupton, 2003). Second, this approach largely ignores how choice may be shaped and determined by social structures and contexts and, specifically, how power operates to facilitate and limit young people's so-called choices within any given context (Percy-Smith, 2006; Goldenberg *et al.*, 2008; Evans and Davies, 2010).

Third, this target-led approach to reducing young people's engagement with risky health behaviours appears to define an agenda *for*, not *with*, young people. Consequently, by suggesting young people are in *need* of empowerment, such policy advocates a notion of empowerment that appears antithetical to many of the concept's original underpinnings by assuming young people want to be, and can be, empowered by others. Labonte (1989; 1993) highlights this contradiction in the assertion that "we cannot empower anybody, because to presume to do so strips people of their ability to choose. Groups and individuals can only empower and motivate themselves" (Labonte, 1989: p. 24). Or, as Gomm (1993) states, "to empower someone else implies something which is granted by someone more powerful to someone who is less powerful, a gift of power, made from a position of power" (Gomm, 1993: p. 137). Consequently, the current emphasis on empowerment, despite its illusionary 'bottom-up' approach, appears to *impose* an empowering agenda *on* young people.

Despite these tensions, empowerment continues to be presented as a 'good thing' in much health-related policy. Even within the academic literature, the positive relationship between empowerment and health appears to be taken for granted (see Curtis, 1992; Essau, 2004; Gordon and Turner, 2004; Bishai, Mercer and Tapales, 2005; Tengland, 2007, 2008; Wilson *et al.*, 2008). By doing so, this area of literature seems to depict a rather linear pathway from empowerment to 'good' health without offering a clear conceptualisation of the word itself or indeed addressing the thorny theoretical tensions surrounding the concept's root word of power.

Conceptualising empowerment and health

Efforts to conceptualise empowerment in the health promotion literature highlight its polysemic nature (Eyben and Napier-Moore, 2009). Definitions vary considerably in their emphasis on individual or collective responsibility for health, and empowerment as either a process or an outcome (Gibson, 1991; Israel *et al.*, 1994; Rissel, 1994; Schulz *et al.*, 1995; Tones, 2001; Wallerstein, 2006). These distinctions can be linked back to the various definitions of health itself and the conceptual ambiguity that surrounds understanding what is health and how best to promote it.

Health can be understood in two broadly opposing ways (Duncan, 2007). First, drawing on objectivism, health has been defined as the absence of disease (Scadding, 1988). Reflecting the bio-medical paradigm, this more negative conceptualisation of health draws attention to ‘ill health’, rather than the experience or achievement of positive health (Blaxter, 2004). In contrast, a second definition of health is the ‘foundation for achievement’ (Seedhouse, 1986) – reflecting a more positive conceptualisation of health⁴. Such an understanding draws largely on an interpretivist position (Duncan, 2007). Accordingly, health can be understood as holding multiple meanings and is constructed, experienced and enacted by individuals themselves (Blaxter, 2004). The latter understanding of health is now evident in the growing body of literature that gives primacy to ‘lay’ understandings of health (Lupton, 1994, 2005) and further reflects the World Health Organisation’s (WHO, 1946) earlier, more ‘holistic’ definition of health as being “a

⁴ Antonovsky (1979) advocated the importance of thinking ‘salutogenically’ in order to capture what facilitates health – rather than a focus on the factors that prevent ill-health.

state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Based on differing conceptualisations of health, a number of approaches to health promotion have been developed (see Naidoo and Wills, 2000; Tones and Tilford, 2001). Although the nature and purpose of health promotion has itself been subject to much debate (see Duncan, 2004), broadly defined, these different approaches include the bio-medical approach based on the prevention disease; behaviour change approaches that encourage people to take up health-enhancing behaviours; educational approaches that seek to provide individuals with knowledge and skills to make informed decisions about their health; social change approaches that seek to change policy and environments to facilitate healthy choices (Naidoo and Wills, 2000). As indicated, empowerment-based approaches became increasingly popular within health promotion following a number of World Health Organisation (WHO, 1977, 1986) statements on health and further supported by the WHO's definition of health promotion as “the process of enabling people to increase control over and improve their health” – capturing both individual and political dimensions of health.

Many authors take the WHO definition of health promotion as a starting point for conceptualising empowerment and subsequently prioritise concepts of control within their various definitions of empowerment. Gibson (1991: p. 359) defines empowerment as “a social process of recognising, promoting and enhancing people's abilities to meet their own needs, solve their own problems and mobilise the necessary resources in order to feel

in control of their lives”. Similarly, in an earlier definition, Rappaport (1984) defines empowerment as “the mechanism by which people, organisations and communities gain mastery over their lives” (p. 1). These definitions capture the idea that empowerment is something developed and gained by people themselves, rather than granted or given by others and is therefore often discussed as a ‘bottom-up’ strategy for health promotion (Labonte, 1989; Tones, 1998a and b; Laverack, 2005).

Other more recent definitions of empowerment prioritise the concept of power (Thompson, 2007; McDaid, 2010). Laverack (2005: p. xi) maintains that “empowerment, the means to attaining power, is a process of capacity building, with the goal of bringing about social and political change in favour of the individuals, groups and communities seeking more control”. Cook (2007) defines empowerment as “acquiring power for oneself...” (p. 7). Thompson (2007) similarly links the concept of power to empowerment as “helping people gain greater control over their lives and circumstances” (p. 21) at three different levels of power – personal, cultural, and structural. These definitions again highlight the importance of control, but extend their conceptualisation of empowerment to encompass also how a stronger understanding of power can help practitioners facilitate the necessary conditions for empowerment at both individual and community levels.

Much of the health promotion literature on empowerment draws an important distinction between *psychological* or individual empowerment, and *community* empowerment (Rissel, 1994; Tones and Tilford, 2001; Manojlovich, 2007). Psychological empowerment links most closely to social psychology theories including Bandura’s (1977; 1982) Social

Learning Theory and Rotter's (1966) Locus of Control model. This notion of empowerment is often associated with the development of an individual's self-efficacy, and enhancing self-esteem and perceptions of personal control as being the first 'stage' of empowerment (Rappaport, 1984; Zimmerman, 1995, Kuokkanen and Leino-Kilpi, 2001; Bradbury-Jones, Sambrook and Irvine, 2008; Nation *et al.*, 2008). Tones (1998a and b) maintains that such psychological or self-empowerment can occur through education which facilitates the development of personal skills and critical thinking. This understanding prioritises the process of empowerment through highlighting a number of attributes individuals can develop in order to enhance their sense of empowerment. This interpretation seems to reflect many current (individualistic) uses of empowerment in health policy, but says little about whether empowerment, once reached, is maintained or may shift according to context.

Community empowerment, on the other hand, involves the mobilisation of individuals into communities to take action against the disempowering effects of the socio-political environment (Israel *et al.*, 1994; Rissel, 1994; Williams and Labonte, 2007). Community empowerment approaches draw variously upon Putnam's (1993, 1995) notion of 'social capital' (see Briggs, 2010 for an example) as well as on Paulo Freire's (1970) discussion of *conscientização* or Critical Consciousness Raising (CCR) (see Campbell and MacPhail, 2002; and Prins, 2008 for an example). A key prerequisite here is that by identifying challenges to their health, and the potential solutions to such challenges, communities themselves can define and control their own health-related agendas (Rissel, 1994; Laverack, 2005). According to such perspectives, the key outcome of empowerment is to

bring about social change to re-dress the disempowering conditions of the social context, through, for example, gaining greater access to the resources that people themselves identify as being necessary to bring about change. This understanding can thus, be seen to more closely reflect the WHO's use and interpretation of health promotion.

Within much of the health promotion literature, empowerment is depicted as a rather linear continuum from individual to collective empowerment (Williams and Labonte, 2007; Pearrow and Pollack, 2009) and from a position of powerlessness to being powerful. This continuum suggests that individuals first need to empower themselves (most usually through increases to self-esteem and confidence) before coming together as a group of empowered individuals to form (a more powerful) empowered collective (see for example, Tones and Tilford, 2001). This continuum has a tendency to suggest empowerment is a rather stable concept (Nation *et al.*, 2008) and fails to acknowledge the possibility of more variable and indeterminate outcomes arising from processes of empowerment, or indeed how empowerment may shift in and between different contexts (see for example, Holland *et al.*, 1998).

Discussion so far has highlighted different uses of empowerment across various literatures and, specifically, how the concept has been defined within the health promotion literature. Definitions vary considerably in their emphasis on individual or collective notions of empowerment; the former with its origins in theories from social psychology, and the latter more firmly placed within critical social theory and specifically, Freire's notion of CCR. The health promotion literature also makes an important distinction between processes and

outcomes of empowerment, suggesting a rather linear pathway from empowerment to positive health. Much of the literature on young people's health continues to advocate empowerment without clear conceptualisation of the word itself, or indeed its root word – *power*, an understanding of which may offer different possibilities for understanding and developing further the concept of empowerment. The chapter now proceeds to consider how an understanding of power can help to advance the conceptualisation of empowerment and, thus, better explain the concept's relationship to young people's health.

Power and empowerment

Central to any discussion of empowerment are definitions of power (Ryles, 1999; Lincoln *et al.*, 2002; Laverack, 2005; Thompson, 2007). Broadly defined, power is often conceptualised as the capacity or agency to act – *power to*⁵; exert control over others – *power-over*⁶; personal mastery and control – *power within*⁷; and *power through*⁸, highlighting more ideological forms of power and the micro-politics of power operating through discursive practices. Power is further discussed in terms of 'fixed' or 'zero-sum' models whereby the amount of power in society is seen as constant so that if one group accumulates power it does so at the expense of another (for example, Pluralist

⁵ *Power to* interpretations draw upon Machiavellian (1958 [original 1517]) notions of power.

⁶ *Power over* interpretations characterise structuralist perspectives including Functionalist (see for example, Parsons, 1967), Marxist (see for example, Miliband, 1969; Poulantzas, 1976) and Marxist and Radical Feminism (see for example, Harstock, 1983; Young, 1990).

⁷ *Power within* interpretations draw upon components of psychological and self-empowerment including developing self-esteem and personal control (see Rissel, 1994; Labonte, 1996; Rowlands, 1998); and existentialist approaches and the spirituality literature (see Craib, 1976; Moss, 2005)

⁸ *Power through* interpretations are indicated in ideological (see Gramsci, 1971) and post-modernist perspectives most notably drawing upon the work of Foucault (1980, 1990).

perspectives). In contrast, ‘variable-sum’ models point to different and changing ‘levels’ of power which may be held by certain social (dominant) groups (for example, structuralist perspectives) or dispersed within and between social groups and contexts (for example, Foucauldian perspectives).

Whilst originating in different schools of thought, these interpretations of power illustrate some of the multiple and various ways in which power operates. Although not always explicitly noted in the literature, notions of empowerment can be traced to these various interpretations and analyses (see Tones [1998a, 2001] for a discussion on self-empowerment as the intention to and capacity to act – *power to*; and Laverack [2005] for an analysis of empowerment in relation to structural power – *power over*).

The discussion that follows will outline a number of perspectives on power to indicate how an understanding of power may offer different possibilities for understanding the related concept of empowerment. By doing so, the discussion highlights some of the thorny theoretical tensions that surround the conceptualisation of empowerment which are then examined in light of the empirical literature on young people’s health in the final part of the chapter. By outlining different conceptualisations of power, a theoretically informed framework for analysing the possibilities for, and limitations of, empowerment amongst young people is made more possible, supporting a more detailed examination of the relationship between empowerment, young people and health in subsequent chapters.

Power to...

Power to understandings of the concept link to individual or agency perspectives often associated with theories of power originating from psychology and philosophy. This understanding of power highlights an individual's capacity to act and achieve their own ends and can be traced to some early philosophical perspectives such as those provided by Machiavelli (1958, [original 1517]). For Machiavelli, power was defined as a strategic and operational tool that could be, and should be, used for one's own interest. Similarly, (although also reflecting a *power over* conceptualisation) Dahl's 'agency model of power' exemplifies this perspective and draws attention to power within the decision-making process whereby "A has power over B to the extent that he can get B to do something B would not otherwise do" (Dahl, 1957: p. 203).

These perspectives of power point to a notion of empowerment that links to the development of an individual's ability to enact decision-making. Indeed, these perspectives can be seen in much of the literature on empowerment that focuses on developing an individual's self-esteem and self-efficacy (see for example, Tones, 1998b). Drawing on theories from within psychology, these individualistic usages of empowerment also capture a *power within* conceptualisation whereby an individual can gain a sense of control and mastery linked to the development of a number of personal attributes (Rappaport, 1984; Rowlands, 1998).

More individualised conceptualisations, however, have been largely criticised for ignoring structural forms of power which characterise many theories of power originating from sociology and political science, reflecting *power over* conceptualisations.

Power over...

Power over refers to various forms of domination and is most often linked to structuralist perspectives of power. Reflecting a consensus perspective suggesting domination as a social good, Parsons (1967) offers a variable-sum model of power, understood as being a positive and productive social resource for the achievement of agreed social goals. Any inequitable distribution of *power over* is legitimised as a functional prerequisite for the effective operation and maintenance of the social order. Such an interpretation appears to negate any need for empowerment and arguably renders the concept redundant since power operates and is exercised for the benefit of a meritocratic social order. Inevitably conflict theorists, including those working within various strands of Marxism⁹ and feminism¹⁰, have attacked this productive perspective of power and point to experiences of oppression and exploitation as power is held by a ruling minority and exercised *over* the majority.

A further *power over* perspective particularly pertinent to understanding empowerment as it relates to young people is that offered by generational perspectives. Drawing on

⁹ Marxist interpretations draw attention to the ways in which power is exercised over the majority by, and in the (economic) interests of, a ruling class minority (see Miliband, 1969; Althusser, 1971; Poulantzas, 1976). Accordingly, power is held by the owners of the means of production which in turn is supported and perpetuated by the State and its governing institutions. As a consequence, economic power yields political power (see Miliband, 1969) and ideological power (see Althusser, 1971) whereby acceptance of, and compliance with, the ruling dominant ideology is maintained through society's structures and institutions.

¹⁰ Feminist perspectives draw attention to gendered power relations and are largely concerned about the dominance of men *over* women. Different strands of feminisms – Liberal (see Mill, 1970; Okin, 1989), Marxist (see Beasley, 1999), Radical (see Mackinnon, 1987) do, however, differ in their conceptualisations of power.

Mannheim's (1952) concept of 'generation' as "a socially constructed system of relationships among social positions" (Alanen, 2001: p. 12), contributions to the sociology of generations have sought to examine the structuring principles and effects of age that work alongside other forms of social organisation such as class, gender and ethnicity (Pilcher, 1994; James and Prout, 1997; Alanen and Mayall, 2001; Mayall, 2002). The concept of generation points to the common social location people occupy by virtue of experiencing the same social location and reveals how some of the inequalities people experience are a consequence of being defined on the basis of age. Recent contributions to sociology of childhood¹¹ highlight various ways in which adults exercise *power over* children and young people (James and Prout, 1997; Mayall, 2002).

Whilst Mannheim's notion of generation reflects a *power over* interpretation, with a specific focus on an individual or group's location in the social structure, it also highlights ideological features, as assumptions linked to the social category of age are essentialised as being part of the natural order of society. Any empowerment stemming from a generational perspective would therefore necessitate an examination of, and challenge to, the ways in which the category of age not only produces and reproduces structural inequities and inequalities, but also normative assumptions linked to understandings of age – indicating the significance of ideological perspectives of power that work along with *power to* and *power over* conceptualisations.

¹¹ The sociology of childhood examines the ways in which societies understand and organise childhood. Three main arguments are presented within the sociology of childhood. First, childhood is socially, rather than biologically, constructed and reflects the attitudes, beliefs and values of a particular society at a particular time. Second, children and young people are considered to be social actors, contributing to the construction of social reality. Third, the social order is defined by a 'generational order' whereby members of society are categorised and organised on the basis of age (James and Prout, 1997; Mayall, 2002; Overturp, Cosaro and Honig, 2010).

Power through...

A *power through* conceptualisation highlights the ways in which power comes to define and shape dominant ideas, norms and values. Gramsci (1971) makes a conceptual distinction between power based on domination or *power over* (which is linked to the State) and the exercise of hegemony which serves to shape social consensus and legitimate dominant rule or *power through* ideology¹². According to Gramsci, hegemony is produced and maintained through producing the active consent of a dominated majority. Through the acceptance and naturalisation of cultural practices, broad social consensus is achieved as dominant interests are embraced, rather than imposed, by society. However, whilst hegemony is embraced it can also be resisted and mediated through everyday counter-hegemonic practices. Indeed, for the dominant ideology to prevail, concessions to competing ideologies and interests are necessary and granted. Consequently, concessions on secondary issues are made to maintain support for dominant interests and illustrate how any resistance or counter-hegemony remains set *within* the dominant hegemony.

More recent postmodern perspectives of power, often informed by the extensive work by Foucault (1980; 1990) on power/knowledge, also indicate *power through* interpretations. For Foucault, power is not fixed, but is constantly shifting meeting points of resistance which serve to produce and reproduce discourse (Foucault, 1980; Gilbert, 1995). Similar

¹² Drawing upon Gramsci's concept of hegemony, proponents of the dominant ideology thesis (see Abercrombie, Hill and Turner, 1980; also Miliband, 1969; Althusser, 1971; Habermas, 1972) also point to ideological forms of *power through* whereby dominant interests come to be naturalised and uncritically accepted as the natural order of society. Althusser's (1971) analysis of the Ideological State Apparatus, for example, outlines the necessary conditions for the reproduction of the economic system according to class interests. However, Abercrombie, Hill and Turner (1980) maintain that ideology can be produced independently of class interests and achieves its effects by constructing and placing individuals as particular subjects within the social system but, at the same time, conceals their capacity and *power to* act as agents within that structure.

to Parsons' productive and facilitative interpretation of power, Foucault unpicks the micro-politics of power which operates through discourses defining and producing truth claims that are subsequently accepted and adopted as legitimate and normalised frameworks of knowledge. Disciplinary power thereby ensues as 'normalised' patterns of behaviour are produced to regulate individuals and populations (Foucault, 1988, 1991; Ryles, 1999). Foucault's notion of 'governmentality' dominates political power and acts as a form of social regulation and control. Consequently, 'official' guidelines, advice and methods of surveillance produce conformity and comparison to 'expert' norms (Lupton, 1995). However, disciplinary power is not imposed without resistance – indeed, it is this resistance that continues to produce and reproduce power. Resistance is therefore an instrument and effect of power; without resistance there would be no power (Clegg, 1998). An understanding of power as resistance is therefore central to any *power through* conceptualisation.

Power as resistance

Clegg's (1998) analysis of power indicates the importance of resistance to understanding the concept. Based on three distinct, but interconnecting circuits – episodic, dispositional and facilitative, Clegg sees power, not as something people hold or possess, but instead, an unstable and shifting phenomenon moving through distinct systems and circuits of power meeting points of resistance. Power is therefore to be understood as a dynamic and relational concept, moving between and within structure and agency¹³. In agreement with

¹³ Giddens' (1987, 1991) Structuration Theory also examines the relationship between structure and agency. According to Giddens, social structures are situated within human actions which in turn produce and reproduce social structure and action. Consequently, human action is as inextricably linked to power as power is to agency.

Foucault, Clegg argues that resistance is itself power which is at its most pervasive when it is reified. The reification of power occurs when power is considered to be “real, solid and material” (Clegg, 1998: p. 207), a process which frequently occurs in the face of resistance.

Drawing upon Clegg and Foucault’s work, any notion of empowerment informed by this interpretation of power must therefore examine the possibilities for resistance that are present within a particular context. However, the potential for such resistance to reinforce, rather than challenge, existing power relations has been empirically demonstrated (see Hall and Jefferson, 1976; Willis, 1977; McRobbie, 1978) and links to Gramsci’s suggestion that any counter-hegemonic processes themselves are most usually bounded by the parameters of the dominant hegemony. Consequently, resistance may become a site of social reproduction rather than transformation – pointing to the pertinence of methods of critical pedagogy and forms of consciousness raising (see Freire, 1970; Habermas, 1972; Giroux, 1983) which seek to generate critical awareness of the processes of social and cultural reproduction to bring about social change.

Freire’s (1970, 1996) critical pedagogy outlines an approach to facilitating *conscientização* or Critical Consciousness Raising (CCR) amongst oppressed groups with the purported effect of challenging and transforming disempowering contexts. CCR aims to facilitate the unity of individuals who then collectively recognise the commonality of their disempowered positions in order to bring about social change. Freire argued that in order for people to be liberated from oppression, “people must first critically recognise its causes...” (Freire, 1996: p. 29). The greatest challenge to such liberation is the

internalisation and uncritical acceptance of oppression and draws attention to the significance of Clegg's argument regarding the reification of power.

For Freire, the Marxian concept of *praxis* is the means through which power can be reified to bring about social change. Praxis is achieved through CCR and a cycle of theory, reflection and action which helps people recognise their internalisation and acceptance of their own oppression (Freire, 1970). Similar to Habermas' (1970) notion of therapeutic dialogue and theory of communicative action, Freire's discussion of CCR highlights the centrality of educators initiating a critical dialogue based upon mutual respect and cooperation with groups and individuals. This approach has been drawn upon in much of the health promotion literature as a means to facilitate empowerment (see Wallerstein and Bernstein, 1988; Wallerstein and Sanchez-Merki, 1994; Hage and Lorensen, 2005; Fletcher, 2006).

Freire's approach, however, has been criticised on a number of grounds. Firstly, those in a position to facilitate the process of CCR may themselves be biased towards a particular perspective which steers people's views accordingly (Macedo, 1995). Consequently, one form of cultural bias is merely replaced by another as those in more powerful positions are more able to assert their version of 'truth' (Howe, 1994; Gillman, 1996; Hui and Stickley, 2007). This critique points to a further postmodernist argument which challenges the (realist) suggestion that it is possible to identify accepted truths.

Moreover, whilst CCR may initiate resistance to particular ideological interpretations of power, Freire says little about the way in which such resistance is then defined and appropriated within the context of everyday action – not just by those displaying such resistance, but also by those such resistance is challenging which may ultimately set limits to any related empowerment. The possibility that young people's resistance could be reframed as evidence of their unruliness and deviance, for example, rather than their empowerment, reveals how any responses to forms of CCR may also support processes of social reproduction, rather than transformation.

Discussion so far has examined various interpretations of power and how they might help inform understanding of empowerment based on a *power to*, *power over* and *power through* conceptualisation. By doing so, the discussion has highlighted the importance of understanding forms of resistance and methods of critical consciousness raising as a means to potentially shift dominant power relations. The discussion on power will now conclude by drawing on a particular perspective of power offered by Steven Lukes (2005). Lukes' three dimensional analysis of power provides a framework that integrates the multiple ways in which power may operate at individual, structural and ideological levels. This form of analysis is considered especially appropriate for examining the related concept of empowerment since it draws together some of the perspectives of power outlined and, by doing so, helps to expose some further thorny theoretical tensions within existing usages and conceptualisations of empowerment from various interpretations of power. These emerging difficulties are examined more fully in relation to the empirical literature on empowerment, young people and health in the final part of this chapter.

Steven Lukes' Radical View of Power

Lukes' (2005) radical view of power¹⁴ highlights three dimensions which synthesise the individual, structural and ideological relations of influence over people's lives – capturing the diverse ways power has been understood in terms of *power to*, *power over* and *power through* conceptualisations. At the individual level, Lukes' first dimension exemplifies the power that is evident in open conflicts of interest and decision-making and represents *power to* understandings of the concept. However, according to Lukes, evidence of the operation of power at this level fails to acknowledge the power which may restrict issues from reaching open debate, giving rise to what Lukes coins the second dimension of power which draws upon Bachrach and Baratz's (1962) critique of Dahl's one-dimensional view of power. This second dimension refers to non-observable conflicts and represents the power of those who set and control the decision-making agenda and consequently hold *power over* preventing issues from reaching mainstream discussion.

Lukes' third dimension of power is explicitly ideological in nature and represents the power that effectively shapes desires and wishes reflecting *power through* interpretations similar to those in Foucault's (1980, 1990) notion of disciplinary power, Marxian notions of false consciousness (Marx and Engels, 1959), Althusser's (1971) notion of ideological state apparatus, and Gramsci's (1971) concept of hegemony. Critically, Lukes' third

¹⁴ Lukes' 1974 edition of *Power: A Radical View* examined existing debates on power at that time including Dahl's (1957) agency model and theories linked to forms of decision-making (first dimension) and (based on Bachrach and Baratz's [1962] critique of Dahl), examining 'what does not happen' or the processes of agenda-setting (second dimension) (Swartz, 2007). However, his principal contribution was that of the third dimension and the conceptualisation of ideological forms of power which shaped subsequent thinking on power. Lukes thus, ranked these dimensions in order of importance, the third being most fundamental since ideological forms of power come to shape the first and second dimensions. His later work published in 2005 attends to criticisms of his 1974 book. Whilst remaining concerned with domination, in his most recent edition, Lukes' integrates more recent contributions from Foucault and Bourdieu to highlight some of the more productive, dynamic and transformative potentials of power.

dimension of power draws attention to processes of social and cultural reproduction that typically support dominant knowledge systems and interests. As a consequence, dominant frameworks of understanding and practice are legitimised, becoming accepted as the natural order of things.

Whilst Lukes' first and second dimensions of power point to possibilities for young people's empowerment to exercise decision-making and potentially shape health-related agendas, it is important to acknowledge some limitations to this framework and, specifically, how the third dimension of power may present a number of paradoxes for understanding empowerment.

Any definition of empowerment based on Lukes' third dimension of power arguably necessitates an exploration and understanding of what might be young people's 'real' interests. However, just as criticisms have been made of Freire's CCR, so it seems somewhat problematic to consider what young people's 'real' interests might be, given the possible effects of ideology in potentially shaping such interests. This raises epistemological issues concerning the nature of truth and knowledge, highlighting the significance of those interpretations of power that work *through* knowledge structures and discourses, and how an understanding of resistance may offer possibilities to shift *power through* dominant frameworks of knowing. In line with Lukes' (2005) more recent contribution, an understanding of those theories examining *power through* may help further the examination of empowerment, young people and health.

Empowerment, young people and health

Discussion will now turn to consider the possibilities for empowerment, young people and health as promoted in policy and the literature on young people's health. Specifically, this final section will examine some of the diverse ways the existing literature has drawn upon the concept of empowerment to promote young people's health. By doing so, it identifies a number of prerequisites for empowerment as they relate to young people and some further limitations in existing interpretations and uses of empowerment based on *power to*, *power over*, and *power through* conceptualisations. Identifying these limitations sets out the impetus for an empirical enquiry that seeks to advance the understanding of empowerment and its relationship to young people's health.

Power to...Individualistic approaches to young people's empowerment

Much of the existing literature on empowerment, young people and health appears to promote an individualistic and *power to* interpretation of the concept. As described earlier, this individualistic approach to empowerment is a feature of much recent health-related policy with a specific focus on increasing young people's self-esteem, confidence and knowledge of health risks stemming from various health-related behaviours (see DH, 2004a; 2010a; Wight and Dixon, 2004; Wild *et al.*, 2004; Pearson, 2006; Nation *et al.*, 2008). Evidence suggesting a lack of self-esteem has been associated with negative health-related behaviours (Ungar and Teram, 2000; Emler, 2001; Jayakody *et al.*, 2005), arguably supporting the saliency of this individualistic and *power to* understanding of empowerment.

By measuring increases in young people's health-related knowledge, self-esteem, attitudinal and behavioural change (see for example, Hawton *et al.*, 2002; Reininger *et al.*, 2003; Wild *et al.*, 2004; Busseri, Willoughby and Chalmers, 2007), this literature suggests that increases in knowledge or changes to behaviour are evidence of young people's empowerment (Tisdall and Davis, 2004; Wight and Dixon, 2004). These individualistic approaches to empowerment thus become relatively indistinguishable from models of behaviour change (Duncan and Cribb, 1996) – raising a number of difficulties for understanding the concept's relationship to young people's health.

Firstly, based largely on a narrow bio-medical definition of health, these individualistic approaches uncritically assume that increases in health-related knowledge readily translate into positive health behaviours. This simplistic linkage fails to acknowledge the extensive body of literature that indicates the limited successes of individualistic behavioural change approaches (see Webb and Sheeran, 2006 and Shepherd *et al.*, 2010 for a review). Hoppe *et al.* (2004), for example, demonstrated that young people were well informed of health risks associated with unprotected sex, but this knowledge in itself was not associated with changes to individual behaviour – a finding reiterated elsewhere in the literature on young people's health (see Skidmore and Hayter, 2000; Denscombe, 2001a and b; Stone and Ingham, 2002; Stjerna, Lauritzen and Tillgren, 2004; Ingham, 2006; Katainen, 2006).

Second, these individualistic approaches fail to engage with evidence demonstrating young people's active *choice* to engage in practices that adults and health professionals may consider as harmful or risky to health (see for example, Denscombe, 2001b; Katainen,

2006; Abbott and Dalla, 2008). This body of research draws attention to the importance of pleasure, choice and autonomy that often guide young people's health-related practices (Green, Mitchell and Bunton, 2000; Denscombe, 2001a and b; Ingham, 2005; Hunt, Evans and Kares, 2007; Pilkington, 2007; Spencer, 2008; Austen, 2009; Griffin *et al.*, 2009).

Such evidence challenges findings which argue that risky behaviours are indicators of young people's low self-esteem (Hawton *et al.*, 2002; Wild *et al.*, 2004). These study findings may in fact indicate that resisting dominant health advice, often in full knowledge of the risks involved (Denscombe, 2001b; Katainen, 2006), may directly increase levels of autonomy and empowerment for young people (West and Sweeting, 1997; McGee and Williams, 2000; Turner and Gordon, 2004). This evidence therefore raises important questions about whether empowerment results in positive health outcomes as defined by official health discourse but, if not, it seems somewhat problematic for the concept to remain a central goal of health promotion.

Third, this area of the literature assumes that young people will simply be empowered through increases in knowledge, without addressing wider concerns for, and access to, material resources and services which enable them to act upon such knowledge. These approaches therefore seem to equate perceived control with actual control, thereby ignoring structural forms of power which position some young people in disempowering or 'unhealthy' contexts. Consequently, *power to* interpretations could be seen to contribute to the reproduction of asymmetrical power relations through promoting an illusionary perception of control.

Recent research with young people demonstrates some of the limits and barriers to exercising health-related choices (Croll, Neumark-Sztainer and Story, 2001; Percy-Smith, 2006). Bauer, Yang and Austin (2004), for example, found that young people's 'choice' to eat healthy foods was significantly limited by the cost and availability of such foods both inside and outside of school. Consequently, young people were found to have few options but to consume foods deemed unhealthy – a finding reiterated in other research on young people's health (see Story, Neumark-Sztainer and French, 2002; Maes and Livens, 2003).

Evidence of this kind prompts serious concern with processes of empowerment and that of raising young people's expectations. As Gallagher and Burden (1994) argue, it would appear highly unethical to "encourage people that they ought to do something if they do not have the capacity to do so" (p. 56). Consequently, some authors highlight how empowerment may inadvertently raise awareness of people's 'powerlessness' to change the oppressive nature of their socio-economic environments, with 'disempowering' consequences (Wallerstein and Bernstein, 1994; McDaid, 2010).

Finally, such evidence further exemplifies a key argument raised at the outset – namely, that current uses of the concept of empowerment have moved away from the concept's original theoretical underpinnings by imposing a framework of empowerment on young people. This more top-down approach fails to question whether young people themselves would identify empowerment as a potential means to promote their health.

Power over...Participatory approaches to young people's empowerment

As set out earlier, health-related policy often prioritises notions of participation as a means to encourage young people's involvement in shaping health-related priorities. By doing so, policy frameworks appear to inconsistently and interchangeably link young people's participation with notions of empowerment. An increasing part of the literature on empowerment, young people and health therefore draws on these participatory discourses and, specifically, Freire's notion of Critical Consciousness Raising (CCR). These approaches seek to develop people's abilities to exercise their *power over* their own lives through critical reflection on how power may operate to marginalise their views.

In line with the policy emphasis on participation (UN Assembly, 1989; DCSF, 2007; DH, 2010b), there are many empirical examples of efforts to work in partnership with young people and encourage their participation in shaping and developing local services and policy to support their health (Dalrymple, 2001; Cavet and Sloper, 2004; Milbourne, 2009). Often drawing on Participatory Action Research techniques (see Campbell and MacPhail, 2002; Rindner, 2002; Ataöv and Haider, 2006; Jennings *et al.*, 2006; Perrons and Skyers, 2007; Pearrow and Pollack, 2009; Dworkski-Riggs and Langhout, 2010; Mallan, Singh and Giardina, 2010), these approaches provide possibilities for young people's empowerment through developing their influence over the types of health services they use and promoting partnerships with teachers, health professionals and other adults.

Participatory approaches to empowerment, however, reveal a number of complications for understanding the concept's relationship to young people's health. First, such approaches

uncritically assume that young people want to be and indeed will be empowered through the process of defining and controlling their own agendas. Not only does this suggest that all young people want to be involved in shaping health-related agendas – an assumption that has not been empirically demonstrated, this approach further assumes that young people will always know what they want and what is best for health, and that through this process they will make ‘healthy choices’.

Second, processes of CCR and agenda setting are often based upon the facilitation of partnership working to achieve collective goals. This not only denies the problematic nature of much partnership working and the power of professionals to assert their perspectives (see for example, Ashworth, Longmate and Morrison, 1992; Gregory, 2000; Pease, 2002), but assumes that common goals can be identified and addressed.

Recent evidence highlights a disjunction between young people’s concerns and those of policy makers, health professionals and other adults working with young people, such as teachers (Aynsley-Green *et al.*, 2000; Kirby *et al.*, 2003; Chawla *et al.*, 2005; Wills *et al.*, 2008). Work by Percy-Smith (2006, 2007), for example, indicates that young people’s health-related concerns draw attention to stress, bullying and negative stereotypes of young people, whereas professionals more readily identify government priority areas such as drugs, alcohol, smoking and sex as areas most pertinent to young people’s health and lives.

This disjunction may inadvertently place professionals in an ambiguous position with potentially contradictory accountabilities in attempting to meet political priorities whilst

addressing the different, and potentially opposing, concerns and priorities identified by young people. Cavet and Sloper (2004) point to a number of ways in which young people's concerns have been marginalised in the development of local health services including the failure of decision-makers to listen to young people and take their concerns seriously. Consequently, young people's experiences of participation often amount to little more than concessionary acts and tokenism as political priorities and targets take precedence which may, again, inadvertently contribute to feelings of disempowerment.

It therefore seems somewhat problematic that those in a position to facilitate the necessary prerequisites for empowerment, such as health professionals, may also work (deliberately or otherwise) to undermine any such empowerment. Professionals working with young people may in fact be representative of the very sources of power some young people may wish to challenge. For instance, Boylan and Ing (2005) found that young people's main concerns often rest upon the unwillingness of adults to listen to their points of view and to take young people's perspectives seriously, rather than concerns about services *per se* (see also Cavet and Sloper, 2004).

Evidence of this kind highlights a further set of prerequisites for empowerment based on a *power over* conceptualisation. In order to demonstrate possibilities for empowerment, professionals working with young people need to be in a position to modify and change predefined policy concerns in accordance with young people's perspectives on health. This necessitates professionals working with young people to listen to and provide young people with the necessary access to information, knowledge and services to define and act

upon their concerns. This knowledge must be readily and effectively communicated, but has often found to be lacking based on dominant assumptions about young people's abilities to understand 'complex' information (Curtis *et al.*, 2004; Hine, Lemetti and Trikha, 2004).

Furthermore, any information and knowledge conveyed to young people may be selective, ultimately reflecting dominant assumptions about young people which typically construct them as being wilful, irrational, and ignorant – and positioning them as either risky or at risk (Kelly, 2000, 2003, 2006). Curtis *et al.* (2004) found that health professionals are often partial in the information presented to young people in order to 'protect' them from having to make 'adult' decisions. Consequently, by highlighting available choices and providing 'appropriate' health-related knowledge, professionals may, consciously or unconsciously, determine young people's choices. This serves to question whether empowerment based upon processes of CCR can ever be anything but expert-led.

A fourth and final point concerning participatory approaches to empowerment based on notions of CCR is their tendency to homogenise young people, thereby ignoring differences that may exist between young people of different social backgrounds. Through its emphasis on the unification of disempowered groups, CCR requires young people themselves to unite as a collective in order to identify the commonality of their marginalised position. Not only does more recent evidence drawing on post-modern perspectives suggest this would be a significant challenge as young people display a number of individual identities (Bauman, 1996; Abbott-Chapman, Denholm and Wyld,

2008) and occupy multiple subjective positions (Baxter, 2002), but also collective notions of empowerment appear to necessitate young people's alignment with a position of 'powerlessness'. This, theoretically at least, may inhibit the initiation of empowerment by young people themselves who may not wish to see or define themselves as being powerless. It therefore seems that any notion of empowerment based on processes of CCR and *power over* perspectives may inadvertently support the idea that young people lack power which, rather paradoxically, is the very position such a process seeks to challenge.

Power through...Young people's resistance as empowerment

A final and now growing area of literature on empowerment, young people and health examines young people's resistance to dominant relations of power – pointing to some possibilities for empowerment based on a *power through* conceptualisation as young people (re)define, negotiate and resist power relations within the context of their everyday lives (see Allen, 2003, 2007; Renold, 2004, Jackson, 2006).

Moments of resistance, a concept extensively discussed in the youth literatures (Hall and Jefferson, 1976; Aggleton and Whitty, 1985; Aggleton, 1987; Scott, 1990; Raby, 2002, 2005), illustrate active challenges to the imposition of power and control over young people. In relation to health, examples of young people's resistance to official health promotion can be seen in their accounts of their health-related practices. Katainen (2006) highlights how young people's smoking represents a mark of 'true' autonomy as young people critically question, and indeed resist, official health discourses, through continuing to smoke. Similarly, in relation to alcohol, Bogren (2006) exemplifies how young people's

accounts of their drinking behaviours represent their ability to negotiate and redefine health risks in accordance with normalised patterns of behaviour in the context of their everyday lives. Other research highlights the importance young people attach to their social positioning and how, through engaging in particular health practices, young people can negotiate and adopt more powerful social positions (Haines *et al.*, 2009).

These examples of young people's resistance to dominant health discourses may point to possibilities for empowerment, but also illustrate how health promotion may perversely exacerbate the very behaviours it seeks to address (Crossley, 2001, 2002). Crossley (2002: p. 1482) argues that didactical health promotion messages inevitably spur people's desire for rebellion as a marker of their independence and autonomy. Evidence of this kind thus creates two further difficulties for the possibilities for empowerment based on a *power through* conceptualisation.

First, whilst young people's resistance to health promotion may well be seen as a logical response to the authority and control imposed on their lives, this resistance may ultimately serve to work against the promotion of health according to official perspectives (such as not smoking, drinking moderately, having protected sex) – thereby questioning the assertion that empowerment results in positive health outcomes.

Second, empirical work drawing upon Foucauldian (1991) notions of 'truth regimes' indicates how young people's resistance may be readily dismissed by dominant protectionist discourses as indicating young people's lack of knowledge and rationality to

act as autonomous, responsible beings (Lee, 2001; Raby, 2002, 2005). Consequently, young people's rejection of official health advice may present a significant barrier to empowerment since their challenges may be readily accepted as evidence of young people's lack of knowledge, maturity and ability to determine their own health-related concerns. Paradoxically, young people's resistance to health promotion, whilst indicating possibilities for empowerment, may inadvertently support the dominant assertion that they are in fact 'at risk', thereby strengthening the discourse about young people and health which any empowerment may seek to challenge.

By bringing together the existing research on empowerment, young people and health, the discussion has highlighted some of the possibilities for empowerment as purported in the literature, but also drawn out further limitations of the concept as currently used. These theoretical tensions provide the impetus for the empirical enquiry that is to follow which seeks to advance the conceptualisation of empowerment and specifically, better understand the concept's relationship to young people's health.

Chapter summary

This chapter has examined the different meanings and uses of the concept of empowerment in the literature and its relationship to young people's health. The chapter has argued that many existing uses of the notion of empowerment marginalise or ignore issues of power on which the concept is founded. The chapter has therefore explored various perspectives of power in order to demonstrate the possibilities for, and limitations of, empowerment amongst young people. Informed by Lukes' (2005) perspective of power, the empirical literature on empowerment, young people and health has been interrogated to reveal a number of theoretical tensions for the concept of empowerment. In particular, the discussion served to critically question the dynamics of empowerment and whether the concept has potential to promote young people's health. Furthermore, it has been argued that an understanding of young people's challenges to dominant forms of power may unwittingly support, rather than transform, dominant power relations. These emerging tensions highlight the impetus for an empirical enquiry on empowerment, young people and health. Based on arguments presented here, the following chapter details the methodological approach to the empirical enquiry which seeks to more fully examine the concept of empowerment and its relationship to young people's health.

Chapter Three

Methodology

Introduction

Building on the concerns outlined in Chapter Two, this chapter details the overall methodological approach to the empirical enquiry. The chapter is set out in two main parts and commences with a discussion of the ontological and epistemological assumptions underpinning data collection and analysis. This first part of the discussion identifies the broad approach taken to the research which informed subsequent methodological decisions. Key methodological concerns and the potential complexities of conducting research with young people are also considered.

The second part of the chapter details the study design and research methods employed. This includes a discussion of the relative strengths and limitations of focus groups, individual interviews, and observational methods. Particular attention is given to issues of sampling and recruitment, data collection, methods of data analysis, and ethics. The chapter concludes with a consideration of some likely limits to the study in terms of its reliability and validity. This includes a discussion of various strategies used, such as methodological triangulation and reflexivity, to minimise the effects of three forms of reactivity – personal, contextual and procedural. Detailed reflection on the specific challenges encountered during field work is reported in the final chapter of the thesis.

Ontological and epistemological considerations

Understanding what might be considered the nature of social reality (ontology), and how knowledge of that social reality is generated (epistemology), has prompted debate about how best to investigate the social world (see Blaikie, 2007). Broadly defined, ontology refers to the ways in which the social world is understood, whereas epistemology concerns itself with the forms of knowledge considered appropriate for understanding that social world and the ways of developing this knowledge (Duncan, 2007). Accordingly, methodological decisions are best made in light of ontological and epistemological concerns about how best to understand and study social reality (Hitchcock and Hughes, 1995; Cohen, Manion & Morrison, 2007).

Ontology is most commonly discussed in terms of two contrasting positions, giving rise to what is often referred to as the Nominalist-Realist debate (Cohen, Manion and Morrison, 2007). *Realist* ontology, often discussed interchangeably with *objectivism*, points to the existence of an external reality and the possibilities for understanding the social world as a separate objective entity. In contrast, *nominalist* or *idealist* ontology denies the existence of a social reality external to the meanings given to the social world by individuals themselves (Blaikie, 2007). This position maintains that the social world is best understood as a series of social constructions based on the perceptions, interpretations and actions of people (Bryman, 2004).

Building in many ways on a nominalist position, *relativism* denies the existence of one single social reality and points to multiple and competing versions of reality (Altheide and Johnson, 1998). Accordingly, there is no singular truth but only partial, and multiple, accounts of any given 'reality'.

Drawing upon these broad ontological positions a number of epistemological approaches have been developed to generate and advance knowledge of the social world. A distinction is often made between the knowledges developed through the application of logics akin to that utilised in the natural sciences – *positivism*, from those created through social interaction and meanings attached to the social world – *interpretivism*. These broad epistemological approaches further draw upon different logics for generating knowledge which typically include the use (or combination) of deductive¹⁵, inductive¹⁶, retroductive¹⁷ and abductive¹⁸ methods of reasoning (Blaikie, 2007). On the whole, positivism tends to favour the utilisation of deductive methods, whereas forms of interpretivism more commonly draw on inductive approaches.

Founded on *realist* ontology, positivism, most notably associated with the philosopher Auguste Comte, refers to an epistemological position largely informed by the hypothetico-deductive approach of the natural sciences (Flick, 2006). Hypothetico-deductive forms of

¹⁵ Deductive logic involves a linear approach to reasoning starting with theory and moves downwards to test hypothesis against data.

¹⁶ Inductive logic also involves a relatively linear approach but starts with data itself and moves upwards to produce generalizations about the characteristics of individuals and situations based on observations and analysis of data.

¹⁷ Retroductive logic is concerned with understanding observed regularities by uncovering underlying mechanisms. This is achieved through the construction of a hypothetical model of the unknown mechanism or structure and working back from data collected to look for evidence of its existence.

¹⁸ Abductive logic starts from the tacit knowledge of individuals. Its focus rests upon understanding how individuals construct their own realities and give meaning to the social world.

enquiry formulate hypotheses from existing theories and test these against data involving the deductive logic (Blaikie, 2007). Investigation subsequently involves the objective measurement of social phenomena with the aim of producing 'facts' about the social world. These facts are presented as objective law like or 'truth' statements. In line with its realist ontology, positivist traditions consider social phenomena to have an existence external and independent of social actors' meanings of phenomena.

In contrast to and in criticism of positivism, interpretivism advocates the importance of understanding subjective meanings behind social action and acknowledges differences between people. Drawing upon Weber's (1947) notion of *Verstehen*¹⁹, and the theoretical traditions of *hermeneutics*²⁰ (see Reichertz, 2004) and *symbolic interactionism*²¹ (see Blumer, 1962, 1969; Denzin, 1989; Hammersley, 1989), interpretivism concerns itself with the description and interpretation of human behaviour and action. A central tenet of this epistemology is that human action is meaningful and as such individuals act upon, and in relation to, meanings given to social action.

Empirical enquiry from a broadly interpretivist position seeks to interpret social action from the perspectives and positions of individuals and groups themselves and typically draws upon inductive and abductive logics of reasoning (Blaikie, 2007). These approaches aim to uncover the plurality of perspectives and subjective experiences of social life and

¹⁹ *Verstehen* refers to the attempt to identify causal explanations of social action but with reference to the 'interpretive understanding of social action' (Weber, 1947: p. 88).

²⁰ Hermeneutics is a term from theology and is concerned with the 'theory and method of human action' (Bryman, 2004: p. 13).

²¹ Symbolic interactionism maintains that human interaction occurs in relation to symbolic meanings given to the social environment. Social research underpinned by this approach therefore seeks to capture interpretations behind, and giving way to, social actions (Blumer, 1962: p. 188).

involve the exploration of the potentially multiple meanings given to social phenomena (Ezzy, 2002). It therefore acknowledges that meanings given to social phenomena are not fixed and/or absolute truths, but are continuously shaped and reshaped within the process of interaction and within different social contexts (Ezzy, 2002; Duncan, 2007). Various approaches to interpretive enquiry research exist and are guided by a number of different theoretical positions²² (see Denzin and Lincoln, 2005; Flick, Kardorff and Steinke, 2004; Flick, 2006).

The present study's concern for empowerment, young people and health sought to elicit young people's own understandings of health, and enquire into how such meanings may be shaped and defined within the context of their everyday lives. This approach pointed to the relevance of a broadly nominalist or idealist ontology. The underpinning interpretive epistemology and abductive research strategy therefore took young people's own ways of seeing and knowing as its starting point for examining and understanding concepts of health and empowerment. By taking young people's own understandings and meanings of health as a starting point, the abductive research strategy is consistent with the theoretical underpinnings of empowerment and was drawn upon to examine young people's own accounts of their health and possibilities for, and limitations of, empowerment.

Drawing upon Schütz's (1963a and b) first and second order constructs (see also Weber, 1947; Rex, 1971; Giddens, 1976a and b), this abductive logic also requires a hermeneutic

²² Theoretical frameworks guiding interpretive enquiry include symbolic interactionism (see Blumer, 1969; Geertz, 1973; Denzin, 2004); phenomenology (see Hitzler and Eberle, 2004); ethnomethodology (see Garfinkel, 1967; Bergmann, 2004); constructivism (see Flick, 2004); structuralist or psychoanalytic approaches (see König, 2004); and post-modernism/structuralism (see Manning, 1998).

dialogue to occur between lay concepts and meanings (first order concepts) and technical concepts and interpretations (second order concepts) (Blaikie, 2007: p.101). In line with Habermas' Critical Theory (Habermas, 1970, 1972), Rex (1971, 1974) has argued that whilst social theories should be based on everyday meanings of individuals, these in themselves may, in part, be influenced and determined by wider social structures. Abductive logic, therefore, acknowledges the potential limits of people's understanding of their social world and points to the need for researchers to be critical of lay accounts. Consequently, respondents' accounts may be considered partial due to various forms of *power* that may play out in them. The analysis that follows in subsequent chapters examines these possible effects by considering some alternative explanations for the perspectives given by respondents and how these may be linked to, and influenced by, power.

Researching young people

In recent years, much has been written on conducting research with young people (Lewis and Lindsay, 2000; Fraser *et al.*, 2004; Soto and Swadner, 2005; Christensen and James, 2008). Increasing awareness of the value of children and young people's perspectives has resulted in a proliferation of research conducted *with*, rather than *on*, young people. This has led to greater use of qualitative and participatory forms of enquiry, enabling young people to define the focus of much research (see deWinter, Baerveldt and Kooistra, 1999; Cree, Helen and Tisdall, 2002; Punch 2002a and b). Informed by perspectives from the

sociology of childhood (James and Prout, 1997; Mayall, 2002; Overturp, Cosaro and Honig, 2010) and underpinned by an interpretivist epistemology, recent research highlights the contributions of young people's knowledge and experience to the development of health promotion practice. This body of research positions young people as active agents within the research process and emphasises the value of interpretive methods of enquiry in eliciting young people's perspectives (Mayall, 1994, 1996; France, Bendelow and Williams, 2000; Barker and Weller, 2003; Christensen and James, 2008).

However, a number of documented challenges have been noted in the literature.

Difficulties in establishing access and recruiting young people, coupled with barriers imposed by 'gate-keepers' such as parents and teachers, demonstrate how young people's participation in research may be constrained by external factors (Masson, 2000; Smith, Monaghan and Broad, 2003; Duncan *et al.*, 2009). The complexities of gaining informed consent and asymmetries of power between an adult researcher and young participant are frequently discussed for their potential threats to reliability and validity (Barker and Weller, 2003; Alderson and Morrow, 2004; Robinson and Kellett, 2004; Flewitt, 2005). Whilst increasing attention is accorded to ascertaining young people's perspectives, this *emic*²³ approach can be problematic as a consequence of such power differentials; in addition to issues of contextuality of responses (see Harden *et al.*, 2000; Sixsmith *et al.*, 2007; Dentith, Measor and O'Malley, 2009).

²³ An 'emic' research approach provides an account of the everyday meanings given to behaviours, beliefs and actions as described by participants themselves. In contrast, an 'etic' research approach derives more strongly from the terms of reference described by the researcher (Creswell, 1998).

In the light of these concerns, it was important that this study considered the possible ways in which the research design and process itself led to and captured ideas pertaining to the present study's theoretical concern with empowerment. The potential effects of power arising from, amongst other things, an adult researcher eliciting perspectives from younger participants, and by conducting much of the research in the formal context of a school setting, were therefore examined through the detailed documentation of the research process itself. The implications of three different forms of reactivity (contextual, procedural, personal) to the research by participants, teachers and the school are considered in the final part of this chapter, along with a discussion of the techniques used to minimise any threats to the study's reliability and validity.

Study design

A multi-method, broadly qualitative, research design was developed to address the aims of the study. As detailed in Chapter Two, initial stages involved a critical review of existing theoretical and empirical literature on power, empowerment and young people's health. The following bibliographic databases were systematically searched: Medline, HealthStar, CINAHL, PUBMED, EMBASE, and PsycINFO. Key words and combined terms (and their various derivatives) included: 'empowerment', 'health', 'risk', 'health promotion', 'resistance', 'health behaviours', 'young people', 'adolescents' and 'youth'. A library search of relevant texts was also undertaken.

In addition to a review of the literature on empowerment, young people and health, a critical discourse analysis of UK health-related policy documents²⁴ was conducted to identify some current and dominant discourses underpinning health promotion practice with, and for, young people. The framework for the discourse analysis was guided by the approach outlined by Fairclough (1995) and examined the production and normalising of what may be described as social truths. The purpose of this critical discourse analysis was, firstly, to critically interrogate notions of empowerment and its relationship to health as reported in health-related policy (see Chapter Two). Secondly, it sought to provide an initial framework for contrasting young people's perspectives with those of professionals by identifying the possible frames of reference and discourses drawn upon, and potentially resisted, in the promotion of young people's health (see Chapters Four, Five and Six).

Sample and recruitment procedures

A purposive sample of young people was recruited in line with the study's theoretical interest in empowerment (Cohen, Manion and Morrison, 2007). This sampling strategy was considered most appropriate for investigating the study's central aim – namely, to examine the possibilities for, and limitations of, empowerment and its relationship to young people's health. Purposive sampling enabled the development of a theoretically informed sample based on the following criteria – context, age, gender and social position.

²⁴ Policy documents included: DH, 1999, 2004a; DfES/DH, 2005, 2006; DCSF, 2007; DH/DCSF, 2009.

Context

The proliferation of school-based research (see Testa and Coleman, 2006; Austen, 2009; Milstein, 2010) has highlighted the school environment as an important context in which to investigate young people's health. In particular, a number of school-based ethnographies have revealed important insights into the dynamics and effects of power that influence and define young people's everyday experiences (Milstein, 2010). The centrality of schools to young people's everyday lives (Pearrow and Pollack, 2009), their importance as contexts for the development of young people's health-related knowledge and practices (Hagquist and Starrin, 1997; Maes and Livens, 2003; Allen, 2007; Rowling, 2009), and the recent focus on schools as health promotion settings (Aggleton *et al.*, 1998, 2000; DfES/DH, 2005; Warwick *et al.*, 2005) identified the school setting as one important research context in which to pursue the study's main aims. The school setting also provided a broad sampling frame for the study.

One large secondary school with a diverse socio-economic attachment area provided the initial context for the study. The school was situated in a market town in central England with a population of approximately 42,000 (Office for National Statistics [ONS], 2001). The town itself is surrounded by a number of affluent rural communities, masking the level of deprivation in the area – with two of the six wards in the town being ranked within the 20% most deprived areas in the country (ibid). The town is well supported by major transport links, attracting a number of large-scale industries. As such, unemployment rates in the town are lower than the national average.

The school caters for this diverse local population and has approximately 1,379 students on roll, of whom 295 attend the school's on-site sixth form centre (Ofsted, 2010). The school is the largest of three secondary schools in the town. The majority of students live within the town's six wards, with some students travelling by bus from the surrounding villages. The percentage of students from minority ethnic backgrounds is higher than most schools in the local authority area, as is the number of students with special educational needs (ibid). The proportion of students eligible for free school meals reflects the national average. In 2009, 40% of students achieved five or more GCSEs grades A* - C (which was lower than the national average of 52.0%). The school was rated as 'satisfactory' in its most recent Ofsted report (2010) and was granted Healthy Schools Status in 2006.

The school comprises seven teaching faculties²⁵ and follows the National Curriculum. The school's stated curriculum objectives are as follows:

- Give opportunities for all students to learn and to achieve;
- Promote students' spiritual, moral, social and cultural development; and
- Prepare all students for the opportunities, responsibilities and experiences of life.

The Faculty of Physical and Personal Education (PPE) are responsible for delivering Personal, Social and Health Education (PSHE) from Year 7 through to Year 11. In Year 11 (the focus of this study), the PSHE curriculum covers the following areas: Citizenship

²⁵ English and Modern Foreign Languages, Maths, Science, Expressive Arts and Design Technology, Creative and Business Technology, Humanities, and Physical and Personal Education (PPE).

(university, world of work, careers) and PSHE (leaving home and life skills)²⁶. In addition, the school encourages all students to participate in a range of extra-curricular opportunities to support their learning (for example various sports, dance, drama and music groups). The school offers an on-site drop-in health service supported by the School Health Nursing Team, Youth Service and Family Planning Service. Informal sessions are provided at lunch-times and cover different aspects of health and health promotion, with a specific focus on risk reduction and harm minimisation.

Access into the school was achieved through previously established professional contacts. A series of meetings involving the school's Vice Principal, the Director of Learning, the Pastoral Manager, and the Child Protection and Welfare Officer took place prior to data collection. During these meetings, the study's purpose and arrangements for recruitment and informing potential participants and their parents/guardians were discussed and agreed.

Despite the advantages of recruiting from a school setting, it was important to acknowledge that research carried out in such a context carries particular (methodological) challenges which may present concerns for the study's validity. Of particular importance to this study, was the potential for responses given by school-based participants to be influenced by dominant 'healthy schools' rhetoric and the related risk-reduction discourses found in many schools (DfES/DH, 2005). Furthermore, a prime focus on the school

²⁶ In years 7 and 8, the PSHE curriculum covers a broad range of areas including: *Be the Best you Can Be*, *The Pressures of Growing Up*, *Life in the UK*, *Looking After Yourself*, *Work, Rest and Play*, *Sex and Relationship Education*, *Healthy Living*, *Life-skills and Financial Capability*, and *Citizenship*. In Year 9, the PSHE curriculum is divided into PSHE and Citizenship, including the follow topics: PSHE (social skills, goal setting, drugs awareness, challenging prejudice and abuse, making relationships work), Citizenship (enterprise and business understanding). Similarly, in Year 10, students cover the follow topics: PSHE (sexuality, first aid, parenting, personal issues), Citizenship (Money and work experience).

environment arguably downplays the potential significance of other, less formal, contexts in which young people's health may be shaped and experienced.

In light of these concerns, data were also collected from a number of surrounding community settings. These alternative contexts included popular social settings for young people such as local parks, the town centre, roller disco, sports and youth clubs. In addition, a number of social events, to which the researcher was invited by participants, such as music and dance concerts, birthday parties, and the school prom provided key sites for field work.

Age

The sampling strategy aimed to recruit young people between the ages of 15-16 years (Year 11 students). This age group was identified as being most appropriate for exploring the study's aim for three key reasons. Firstly, this age group has been the focus of much recent health promotion activity, with a specific focus on reducing young people's engagement with risky health behaviours (see DH, 2004a; DfES/DH, 2005). Secondly, this age group is in the last year of compulsory schooling, thereby enabling a broader range of participants than a sample recruited from a sixth form centre or college. Thirdly, young people in this age group are statutorily defined as 'non-adult' by virtue of their age alone, because they are under the age of 18 years. Informed by the sociology of generations' literature (Mannheim, 1952; Alanen and Mayall, 2001; Mayall, 2002), this socially constructed non-adult status was deemed especially important to the study's theoretical concern with concepts of empowerment and, in particular, the examination of how power

relations between young people and adults might shape possibilities for, and limitations to, empowerment.

Gender

Both young men and women were recruited to the study for three key reasons. Firstly, gender is widely considered to be an important determinant of health practices, perspectives and outcomes (Charles and Walters, 2008; Alexander *et al.*, 2010), and the significance of gendered power relations on young people's experience of health (in)equities has been well documented (Amos and Bostock, 2007; Doull, 2009; Landstedt, Asplund and Gådin, 2009). Secondly, the literature points to some important differences between the perspectives of boys and girls on health and health-related practices (Dixey *et al.*, 2001; Rugkåsa *et al.*, 2003; Shearer *et al.*, 2005). Thirdly, in relation to the theoretical concerns of the study, empowerment has been the focus of much work with either young men *or* most often young women²⁷ (see Hyde *et al.*, 2005; Currie, Kelly, and Pomerantz, 2006). Based on a fixed-sum model of power, the examination of either young men *or* young women's empowerment excludes the exploration of the ways in which gender may offer potentially opposing or even synergistic possibilities for empowerment for both boys *and* girls.

Social position

As detailed in the previous chapter, much has been written about the potential significance of young people's (lack of) self-esteem and confidence in relation to possibilities for empowerment and influencing their engagement with practices deemed risky to their

²⁷ See Gådin and Hammarström (2000) for an exception.

health (Wild *et al.*, 2004; Jayakody *et al.*, 2005). This thesis has argued that this area of research downplays the (social) significance and meanings young people themselves attach to their health-related practices, and that young people may be demonstrating high self-esteem if they choose to engage in so-called risky practices (see McGee and Williams, 2000; Turner and Gordon, 2004). Furthermore, the widespread attention given to young people's self-esteem and confidence fails to acknowledge how these inherently individualised concepts can be understood as emanating from profoundly social aspects linked to young people's social position in any given context and, in turn, how this social positioning may shape the possibilities for, and limitations of, their empowerment.

The sampling strategy sought to recruit and compare the perspectives and experiences of young people from different social positions within the school context. One way of recruiting young people occupying different positions within the research setting was to use the school's own cohort system²⁸. In this school, students were assigned to two main cohorts: Standard and Vocational. These cohorts were further sub-divided into four pathways: Core Standard²⁹, Core Plus³⁰, Core Vocational³¹, and Core Enhanced³². Students were placed within a cohort based on their academic and non-academic achievements (this included awards for sports, dance, drama, and music) and their participation in extra-curricular activities. This positioning within the school system

²⁸ This cohort system was distinct from other streaming processes in place at the school which further positioned students according to their academic abilities (i.e. 'top, middle and bottom sets').

²⁹ Core Standard (Gold group) refers to the 'top' students in the year as demonstrated by their academic and non-academic achievements and participation in extra-curricular activities.

³⁰ Core Plus refers to students who have demonstrated commitment and achievement but who have greater difficulties with academic study.

³¹ Core Vocational (Silver group) refers to students considered to be less academic and do not readily participate in extra-curricular activities.

³² Core Enhanced (Bronze group) refers to the 'bottom' and often marginalised students who are considered unlikely to achieve academic qualifications and often disengage from school life.

determined students' timetables and thus peer groupings and friendships. As subsequent chapters illustrate, sampling according to the school's cohort system enabled the detailed examination of young people's social position and the importance of this position to the possibilities for, and limitations of, empowerment.

Potential participants were drawn from three of these pathways (Core Standard, Core Vocational, and Core Enhanced; hereafter referred to as Gold, Silver and Bronze groups respectively). The decision not to sample from the Core Plus pathway was made on the basis of the following two reasons: firstly, this group was largely integrated within the Gold group, attending the same lessons and participating in a number of extra-curricular activities and therefore did not constitute a clearly distinct group. The key distinction between the Gold group and Core Plus group was defined on the basis of their academic ability and entry into the appropriate-level for GCSE examinations. Secondly, given the study's in-depth nature and detailed focus on young people's health-related meanings and practices, the inclusion of a fourth group may have compromised time spent, and quality of data collected, from the three distinctively comparable groups.

Professional sample

An interdisciplinary group of professionals working with and for young people's health in the school's locality were also recruited into the study (n=18). Professional perspectives were elicited from the following individuals: school teachers, teaching assistants, school learning mentor, school counsellors, Year 11 Pastoral Manager, Welfare Officer, Medical Officer, members of the school management team, Head of Personal, Health and Social

Education (PHSE), Head of Student Support Services, Social and Emotional Aspects of Learning (SEAL) Coordinator, local youth workers, detached youth drug and alcohol specialist, and the Local Authority county councillor for young people.

Individual interviews were conducted at the respective place of work of each professional. The main purpose and focus of these interviews was to ascertain the perspectives and understandings of adults working with young people on issues linked to health (see Appendix I for interview discussion guide). Professionals working with young people are often considered to be best placed to comment on young people's health circumstances (Sixsmith *et al.*, 2007). However, perspectives elicited from young people themselves often revealed a contrast between what adults believed to be most important for young people's health and what young people considered most pertinent (see Percy-Smith, 2006, 2007; Wills *et al.*, 2008).

Research methods

The aims of the study were addressed using a number of close focus, 'ethnographic' methods, including focus group discussions, individual interviews, and observational techniques. The decision to use such methods was guided by the interpretive approach to the enquiry in addition to the now growing body of literature on research with young people (Greene and Hogan, 2005; Christensen and James, 2008) which points to the value of these methods for sensitively and effectively ascertaining young people's perspectives.

Focus groups

A focus group involves a group of participants (usually 6-8) being asked about their perspectives, beliefs and attitudes on a defined topic of interest (Cresswell, 1998; Krueger and Casey, 2000). Focus groups typically emphasise the exploration of shared meanings and group interaction within the data collection process (Bryman, 2004).

The strength of the focus group method lies in its ability to examine processes of group interaction and the ways in which participants' responses are expressed in relation to the perspectives of other group members (Krueger, 1994; Hyde *et al.*, 2005). If well facilitated, focus groups offer the possibility for participants to agree, modify, or challenge the views expressed by others, thereby enabling the elicitation of a range of different perspectives on the topic of interest (Bloor *et al.*, 2004). In relation to eliciting perspectives on health issues, there has been much support for focus group method (Kitzinger, 1994; Crossley, 2002; Green and Thorogood, 2004; McLafferty, 2004). The potential peer support available within a focus group compared to an individual interview is further highlighted in relation to research with young people and, specifically, for its potential to defuse power relations between an adult researcher and younger participants (Mayall, 1994, 1996; Mauthner, 1997; Armstrong, Hill and Secker, 2000; David, Edwards and Alldred, 2001; Hennessy and Heary, 2005; Bagnoli and Clark, 2010).

Despite the reported strengths of focus groups, it is important to consider some limitations of this method and potential effects on the quality of the data. A substantial research literature highlights concern about the effects of peers, dominant participants and group

dynamics (Sussman *et al.*, 1991; Krueger and Casey, 2000; Bloor *et al.*, 2004) on the reliability and validity of qualitative data (Hammersley, 1987; Whittemore, Chase and Mandle, 2001; Aguinaldo, 2004). The notion of 'group think' (Janis, 1982), whereby collective responses may become more polarised than individual opinions, also raises serious concerns for validity. This has equally instigated much methodological debate concerning the use of heterogeneous or homogeneous groups (see Krueger and Casey, 2000).

Individual interviews

In order to elicit more in-depth perspectives and, in part, to guard against possible limitations of focus groups, individual interviews were also conducted. Although variations exist, individual interviews are typically characterised by a researcher asking a participant a series of questions on the topic of interest (Robson, 2002). Interviews may vary in their degree of structure (ranging from structured to semi-structured and unstructured interviews) depending upon the degree to which the researcher asks a number of pre-defined and specific questions; or alternatively facilitates a more open-ended exploratory discussion with a few prompts to initiate discussion with participants (Robson, 2002).

The particular strength of the individual interview lies in its potential for detailed exploration of personal perspectives in a manner less susceptible to the peer influence potentially present within focus groups (Bryman, 2004). Conducting individual interviews was therefore deemed important for minimising any potential group effects and interviews

have equally been extensively used in health-related research with young people (Wright, O'Flynn and MacDonald, 2006; Johansson, Brunnberg and Eriksson, 2007). Individual interviews were also considered important for discussion of topics potentially too inhibiting to talk about in a group context. This was a particular concern for this study's focus on areas relating to young people's health.

Again a note of caution is offered with respect to this method. Some evidence suggests that participants in individual interviews may be tempted to present and conform to official perspectives (Harden *et al.*, 2000). This raises concerns for validity as accounts given may merely reiterate what participants think the researcher wishes to hear. Whilst individual interviews are less subject to group effects, the researcher's presence may therefore hold significance for the responses elicited. As Bryman (2004) notes, it is arguably more difficult for participants, and indeed the researcher, to challenge views expressed or diverge from the particular line of questioning within the context of an individual interview. This has been raised as a particular concern in research with young people when responses given in individual interviews were found to be more inhibited (Armstrong, Hill & Secker, 2000; Harden *et al.*, 2000).

Observation

Whilst acknowledging the possible limitations of focus group and individual interviews, such methods were thought to offer the potential for an in-depth exploration of young people's perspectives on health and empowerment. However, as the narratives elicited from young people in these contexts might themselves be influenced to some extent by the

processes and dynamics of power the study is attempting to explore, observational methods were also integrated into the study. By drawing on data gathered through a range of methods, it was felt that the study's aim to examine the possibilities for, and limitations of, empowerment could be achieved.

Methods of observation are increasingly utilised as a key component of qualitative research (Flick, 2006; Waldorff, 2008; Milstein, 2010). Traditionally originating in the field of social anthropology, observation methods are often used as a method for investigating particular social groups and contexts (Agar, 1996; Hammersley, 2006). More recently, observational methods have been successfully employed to explore concepts of health, risk and empowerment amongst young people (see Clatts and Sotharan, 2000; Hodgkinson, 2005; Ashcraft, 2006; Briggs, 2010; Woodgate and Leach, 2010).

The methodological literature similarly distinguishes between various forms of observation with different degrees of participation and structure (see Angrosino, 2007; Gillham, 2008). Non-participant observation involves a degree of distancing of the researcher as they act as an 'onlooker' of events. In contrast, participant observation acknowledges the presence of the researcher as they actively engage with participants in the immediate context. Participant observation does not assume that the researcher is simply assimilated into the context, or a member of the group under investigation³³, but importantly acknowledges the contribution of and potential reactivity caused by the researcher.

³³ Researchers engaging in forms of covert research often attempt to gain membership into the group under investigation (see Humphreys, 1975; Ditton, 1977).

A number of challenges are associated with the use of observational methods. These include issues of establishing access to particular social groups and contexts, dealing with processes of informed consent, personal safety concerns, reactivity, and addressing any possible language and cultural barriers (see Ellen, 1984; Woods, 1996; Colic-Peisker, 2004; Kelly, 2004 for examples of these issues).

In addition, periods of observation necessitate the development of trusting relationships with participants, including a process of role negotiation and acceptance of the researcher as a 'legitimate peripheral participant' (Dhand, 2007; p 1). The researcher's 'deep involvement' stemming from observational techniques has been the site of criticism of this method particularly from positivist traditions which highlight the subjectivity of such involvement (Brewer, 2005). However, as Tucker (2007) and others (see Blackman, 2007; Holland, 2007) note, the researcher's subjectivity is seen to be an inevitable and epistemologically significant part of the research process and its effects can be guarded against through the researcher's analytical distance and reflexivity.

Data collection

Data collection was undertaken in two phases. The first phase constituted a pilot study and the second the main study. A key aim of pilot work was to assess the relative strengths (and identify limitations) of the proposed research design with a particular focus on the use of observational methods within the school context and strength of interview discussion

guides to elicit young people's perspectives on concepts of health and empowerment. Findings and reflections on pilot work served to inform the main study, specifically the strength of the sampling strategy to recruit participants according to the framework outlined on pages 80-84. Key 'lessons learned' from the pilot study included a greater insight into the workings of the school's cohort system which pointed to the school's preference for young people in the Gold group to be the prime focus of the study. As such, efforts were made to ensure the inclusion of young people according to the sampling frame outlined and, in particular, the importance of spending time with those young people who appeared to be less involved with extra-curricular activities, such as members of the Bronze group.

Data collection for the main study commenced in January 2009 and finished in July 2009. Drawing on the sampling strategy outlined, and following an initial minimum period of observation of three weeks, eight focus group sessions were conducted during school hours. The composition and total number of focus groups conducted is given in the table overleaf.

Table One: Composition of focus groups

Gold Group	Silver Group	Bronze Group³⁴
Boys (n=7)	Boys (n=7)	Boys (n=7)
Girls (n=7)	Girls (n=6)	Girls (n=5)
Mixed (4 girls; 4 boys)	Mixed (4 girls; 4 boys)	
Total n=22	Total n=21	Total n=12

These focus group discussions served to familiarise participants to the research and researcher, in addition to identifying key areas to be followed through and interrogated in individual interviews. Efforts were made, through observation work and consultation with the school's Vice-Principal, to ensure group interviews comprised participants well known to each other, but who did not constitute close friendship groups. This strategy was considered to help provide some guard against the effects of 'group think' on data validity (Janis, 1982). Field notes were made to examine potential concerns for data validity and detailed thoughts about any extraneous factors pertaining to researcher and participant interaction, group dynamics and interaction, expression and the intensity of responses (Krueger, 1998; Holliday, 2002).

³⁴ The Bronze group constituted a smaller number of students compared to the relative numbers of students in both the Gold and Silver groups. All students in the Bronze group regularly attending school (i.e. at least one day a week) took part in focus group discussions (n=12). A mixed focus group discussion with both boys and girls was not conducted due to this smaller number of students in this group and as a consequence of a stated preference by the girls in this group to be interviewed separately from the boys.

Following focus group discussions, participants were invited to take part in individual interviews. These individual interviews enabled more detailed exploration of issues raised during group discussions, in addition to identifying further issues considered potentially too inhibiting to discuss in a group context. All participants involved in focus group discussions agreed to participate in a subsequent individual interview (n=55).

Focus groups and individual interviews took place in a quiet meeting room in the school. Additional discussions also took place with participants during periods of observation. A short summary of each discussion was given and verified at the end of each session to ensure that the main points discussed had been acknowledged in the context of participants' accounts³⁵. Teachers were not present during these discussions since their presence might have affected discussions and responses given.

All focus group and interview discussions were audio-recorded (with consent of participants) and transcribed verbatim soon after the session wherever possible. This prompt transcription enhanced the quality and reliability of transcriptions as immediate recall of the discussion was more readily available and was supported by the field notes taken. These strategies aim to minimise any potential 'losses' to data collected through, for example, any inaudible recordings. The timely transcription also enabled identification of any emerging themes or discussion areas to pursue during the data collection period, in addition to clarifying any inconsistencies and ambiguities in participants' responses that

³⁵ This was achieved through noting participants' responses during interviews and then providing a verbal summary of these notes at the end of discussions for clarification with participants. At times, this enabled participants to further explain their meaning in relation to the areas discussed – serving to extend and deepen the responses elicited during focus group discussions and interviews.

might have limited the quality of the subsequent analysis. This technique, amongst others, confirmed the consistency of match between researcher interpretations and participants' meanings – often referred to as 'member checking' in the literature (Denzin and Lincoln, 2005).

A literature review on recent research on empowerment, young people and health guided the development of interview and focus group discussion guides (see Appendix II for discussion guide). Questions explored were piloted with a small group of young people from the same geographical area as the main sample, but who were not involved in the main study. In order to remain faithful to the exploratory nature of the enquiry, and to minimise any potential influence of the researcher upon responses, the interview guides remained fairly unstructured (Robson, 2002).

As described in Chapter One, the thesis takes young people's own frames of reference as central to understanding the concept of empowerment as it relates to health. Drawing on more positive conceptualisations of health, such as those provided by Antonovsky (1979) and Seedhouse (1986), the interview guide sought to capture the potentially multiple meanings young people attach to the broad concept of health, including both positive and negative dimensions. Specifically, the approach to the study sought to decentralise dominant understandings of health as 'the absence of disease' by tapping into young people's perspectives on the more affective aspects of health – including being well and not feeling well. These affective states of health have been highlighted as being important,

not only for physical health, but also for their role in shaping health-related practices (Salovey *et al.*, 2000; Kubzansky and Kawachi, 2000, Richman *et al.*, 2005).

In some literature (see Kiefer, 2008), affective states of health are often equated with the concept of well-being. The concept of well-being is considered to embrace a more positive understanding of health. In recent times, the concept of well-being has, however, come under criticism for its tendency to be used as an ‘add on’ to health (Cameron, Mathers and Parry, 2008). This uncritical use of the concept of well-being has resulted in increasing the conceptual ambiguity about what the term encapsulates, with some authors (Cameron, Mathers and Parry, 2008) suggesting that well-being merely serves to confuse an exploration of the well recognised positive aspects of ‘health’ (for example, WHO, 1947; Blaxter, 2004). In light of these concerns, this study sought to capture the totality of health as seen by young people – be that ill health, feeling or being well.

Furthermore, given that the concept of empowerment seeks to start from people’s own concerns (Labonte, 1989; Laverack, 2005), this approach was considered to be theoretically consistent with the underpinning framework and goals of the thesis. Questioning respondents about pre-defined Government priority areas, such as obesity, drugs, alcohol, sex and relationships, could arguably have led to discussions with participants being limited by these dominant themes within discourses around (young people’s) health. Moreover, as recent evidence suggest, these Government priority areas often differ from young people’s own concerns about health (Brooks and Magnusson, 2007; Woodgate and Leach, 2010).

In light of the above concerns, and in order to minimise response bias and avoid priming around official notions of health, respondents were asked to discuss their own understandings of 'feeling and being well' and 'feeling good', in addition to their understandings of 'not being or feeling well' or 'feeling not their normal self'. This included identifying factors that participants perceived to influence, promote or constrain their feelings of being well. A similar approach had been successfully used in earlier research by Aggleton *et al.* (1996) and Spencer (2008) in explorations of young people's perceptions of health (see also Cameron, Mathers and Parry, 2008). Participants were further asked about opportunities to influence matters of importance to them both at home and school, and in the community more generally. Participants' suggestions for parents, teachers or the Government in relation to promoting young people's health were also elicited during discussions. Detailed reflection on the value of this approach for eliciting young people's perspectives on health is provided in the final chapter of the thesis.

Observation of young people's interactions with their peers and teachers were carried out over the course of the school day. This involved observing and interacting with students as they came into school, during registration and lesson time, as well as breaks and lunch times which sometimes involved observations away from school grounds. Observational work often continued immediately after school as the researcher was invited by participants to accompany them into the town centre and before they went home. At times, observation work involved a degree of participation by the researcher. For instance, during field work in out of school contexts, participants often invited the researcher to play table tennis or cricket, or roller skate, amongst other activities. Observations focused on young

people's everyday encounters and interactions with others – both adults and their peers.

This included observing the reactions of teachers, peers and others to young people as they went about their daily lives.

Observations were carefully documented as far as was feasible at that time. Within the school context, notes were taken during lessons, relating to young people's interactions with peers and adults, in addition to reactivity to the researcher. In out-of-school contexts, such as local parks or parties, notes were made using a mobile phone whereby observations and discussions of young people's interactions and practices were entered into the phone. Using a mobile phone offered a less intrusive, and more socially acceptable, technique to document observations in real time. A detailed summary and reflection was written at the end of each day to capture key thoughts in relation to the theoretical and methodological concerns of the study. This included a reflection on the researcher's own position to consider the ways in this positioning might have affected data collected.

The purpose of these observations was to further understand the various ways power operated and impacted upon participants' perspectives, beliefs and practices which may indicate something of the importance of context (and young people's position within that context) to the possibilities for, and limitations of, empowerment. For instance, examples of young people's opportunities to influence events or subvert the normal order of the social context, along with young people's challenges, acceptance or compliance with various rules and authority operating in any given context, were also noted.

Observation enabled the researcher to talk to participants in a more naturalistic way (Gillham, 2008) and provided some safeguard against the documented limitations of the more 'formal' context of interviews (see Harden *et al.*, 2000). Importantly, discussions with participants during observation periods enabled the researcher to access young people's thoughts and views on events occurring in real time. This provided a more detailed and authentic account of young people's perspectives, in contrast to solely relying on recall and reporting of events during the context of an interview.

Data analysis

A short summary of each discussion was prepared following each session to capture the main themes (Krueger and Casey, 2000). As indicated, focus group and individual interview discussions were transcribed verbatim immediately after the sessions wherever possible. Transcriptions were then checked against the recording for accuracy and amended as necessary.

In line with an abductive strategy, data were analysed using a multi-stage process. Drawing upon participants' perspectives, the first stage involved a descriptive analysis whereby patterns and connections were identified from the data itself (see Appendix III for an illustration of this process). A preliminary analysis was undertaken as data were collected from focus group and individual interviews and field notes taken. This first stage of analysis served to summarise the data and highlight emerging themes (Grbich, 2007).

For example, initial readings of transcripts highlighted a number of broad topic areas including the police, school, friends, parents, smoking, alcohol, having fun. These broad areas, amongst others, were further examined in line with the process described below.

Second, a thematic analysis was undertaken whereby responses given in focus group and individual interviews were coded (Holliday, 2002). This involved the reading and re-reading and annotation of transcripts. Next, emerging themes were categorized and organised according to the research questions. For example, themes from young people's discussions of feeling well included the topical categories of 'being happy' and 'having fun'. Similarly, young people's discussions of 'not feeling well' indicated the importance respondents attached to 'being judged'. These topical categories, and others, were further examined to highlight emerging sub-themes (for example, *young and dumb*, *looking good*, *being bad*) which were then analysed for their implications for emic conceptualisations of health and empowerment (see Appendix IV for further illustration of this process).

The third stage involved a theoretical analysis whereby emerging patterns and topical themes were explained (see Appendix V illustrating the development of the conceptual framework on empowerment emerging from the data analysis). This stage of the analysis drew upon the review of the literature and findings from the critical discourse analysis of policy texts to reveal any similarities and inconsistencies between young people's accounts and current understandings of young people's health and empowerment. For example, findings from the discourse analysis were tabulated alongside participants' accounts and connections (similarities and differences) were marked across different forms of data.

A further comparative element of the analysis focused upon the relationship between observations made and the accounts elicited within the school context and observations and accounts elicited from young people in out of school contexts. This involved coding and grouping data according to context to examine any emergent differences or consistencies across the data. The significance of gender and young people's social positioning as defined by their cohort grouping was also considered in light of the purposive sampling frame. This was achieved by tabulating data according to gender and cohort (producing six data sets: Gold group: young men, young women; Silver group: young men, young women; Bronze group: young men, young women) (see Appendix VI for an example). This technique enabled a closer examination of any specific themes emerging from, for example, young men from a particular group with those of another group of young men, and similarly a comparison by gender. For example, themes emerging from young women in the Bronze group highlighted the various ways they felt judged by others negatively affecting their sense of being well. Similarly, young women in the Gold group discussed being judged by others but, in contrast to the girls from the Bronze group, more often emphasised the different strategies they used to deal with and dismiss such judgements.

The consistency of match between young people's perspectives and those offered by professionals was further compared. Accounts elicited from professionals were coded and categorised in line with the above process. First, emergent themes were compared against those elicited from young people. Second, professionals' accounts were analysed by drawing upon findings from the critical discourse analysis of health-related policy. This

involved highlighting consistencies in data where accounts aligned with policy discourses, as well as examining examples of any differences.

NVivo was used to assist with data analysis and management.

Ethical considerations

Ethical implications relevant to this study were considered in light of the now growing literature on research ethics relevant to research with young people (Christensen and Prout, 2002; Alderson and Morrow, 2004; Harcourt and Conroy, 2005; Hill, 2005). Ethical approval was sought and granted from the Institute of Education's Faculty Research Ethics Committee in accordance with the procedures for post-graduate research. The research was informed by and followed the British Sociological Association (BSA, 2002) research ethics guidelines, in addition to following Barnardo's Statement of Ethics (Scott and Haydon, 2005) and the framework outlined by Alderson and Morrow (2004) which gives particular attention to ethics relevant to research with young people.

Informed consent

The notion of informed voluntary consent is central to the conduct of ethical research and demonstrates respect for an individual's right to self-determination and autonomy (Meyrick, 2005). Gaining consent within a school environment can be problematic as the effects of active encouragement from teachers and/or peers may persuade or coerce an

individual to participate (David, Edwards and Alldred, 2001; France, 2004; Meyrick, 2005). In light of these concerns, written informed consent was obtained individually from participants prior to data collection. Furthermore, ascertaining written informed voluntary consent was not viewed as a single act of agreement on behalf of the participant, but instead a process of continuous negotiation throughout the research period (Morrow and Richards, 1996; Ensign, 2003; Milstein, 2010).

In order to ensure consent was well informed, participants were provided with an information sheet (see Appendix VII) outlining the purpose of the study and the nature of their involvement during class and assembly presentations. These class and assembly presentations served to inform all students and school staff about the research, even if they were not directly participating in the research themselves. These discussions drew specific attention to the implications of observational methods to ensure staff and students were aware the research was being carried out at all times. Participants were given opportunities to ask questions prior to data collection sessions and were free to raise any points about the research at any time. It was made clear to all respondents that participation was voluntary and that they were free to withdraw from the study at any point and without giving reason. Particular attention was given to the processes of consent during observational work. As such, the researcher's presence (and purpose for presence) was confirmed and support ascertained from participants on each occasion.

Written permission was obtained from the school prior to data collection. In addition, parents/guardians of potential participants were sent a letter and short description of the

study and the nature of their son/daughter's involvement (see Appendix VIII).

Parents/guardians were given the opportunity to contact the researcher and ask any further questions and potential participants were encouraged to discuss their participation with their parents/guardians. This included the researcher's attendance at a school parents' evening during the first week of field work. This enabled young people themselves to introduce the researcher to their parents/guardians and discuss any further details about the study. An opt-out parental consent approach was adopted (Masson, 2000, 2004; Balen *et al.*, 2006).

Confidentiality, privacy and anonymity

Conducting group based research requires attention to issues of confidentiality, privacy and anonymity. Issues relating to confidentiality were discussed with participants prior to data collection. This discussion emphasised the importance of respecting all participants' opinions and non-disclosure of the content of the discussions outside of the group setting in order to preserve individual and third party confidentiality (Horowitz *et al.*, 2003).

In order to guard against the invasion of participants' privacy, during all observation periods the researcher checked with participants that her presence was welcomed and it was reiterated that participants could at any point request for the researcher to leave or cease observations.

Anonymity was ensured through the omission of any identifying data including participants' names and places from where data are collected. Data were stored in

accordance with the requirements of Data Protection Act (1998). Electronic data were stored on a personal computer that required password entry.

Protection from possible harm

The risk of distress, anxiety and embarrassment needs to be considered in all research, particularly when it involves young people (Alderson and Morrow, 2004). Respondents were informed prior to data collection that in the unlikely event of a participant becoming distressed, or suffering possible harm, the participant could withdraw and, if necessary, the research would be interrupted. If such an event occurred, participants would be guided to the appropriate school or community support service as necessary. If concerns pertaining to a child protection issue were raised, the local Child Protection Lead³⁶ would be informed as necessary (Commission for Social Care Inspection, 2005). These points were discussed with participants prior to data collection sessions and further detailed on the study information sheets. As a registered nurse³⁷, the researcher has attended mandatory child protection training and holds enhanced Criminal Records Bureau (CRB) clearance. During field work, participants were also given an additional information sheet with contact details of a variety of local and national support services and help lines for young people should they wish to discuss any personal issues³⁸.

³⁶ Previous discussions and a professional relationship had been established with the lead for child protection in the given locality of the study prior to data collection.

³⁷ RN (adult) part 12 Nursing & Midwifery Council (NMC).

³⁸ In order to preserve the anonymity of the study location and participants, this 'support information sheet' is not included in the appendices.

Participant and researcher safety

Observation in out of school contexts took place following a period of time spent with participants at school which increased as the study progressed. This approach ensured participants were already familiar with the research and researcher before this part of the research was conducted. Prior to data collection, it was acknowledged that during observational work, particularly in out of school settings, there may be evidence of participants (and other young people) engaging in health-related practices deemed harmful, such as smoking or drinking alcohol. Interestingly, these concerns were not supported by observations made during field work and, as the subsequent chapter indicates, young people were often critical of the (adult) assumption that young people spend a significant amount of their time engaging in potentially risky health practices.

However, potential risks to the safety of participants and the researcher were carefully considered before field work. Because of this, observational work was largely carried out in public places such as the town centre or more organised social venues such as the roller disco, sports and youth clubs. Other adults were often present in these contexts. Local police, community support workers and detached youth workers were informed of the research and were, at times, present during field work. By working with these personnel, any possible harm to participants' safety could be immediately addressed by trained professionals.

Other methods to safeguard the personal safety of the researcher included notifying a personal contact in the locality of the time and place of observations to be made. Contact was made before and after observational periods. A mobile phone was carried at all times. If necessary, the research would have been interrupted if it was felt that the immediate health and safety of any participant was compromised. No adverse events compromising the safety or welfare of either participants or the researcher occurred during field work.

Dissemination of findings

Preliminary findings were fed-back to participants during a series of group presentations at school. An information sheet outlining the key results was circulated to all participants once data had been analysed and written-up (December 2010). Participants were also given contact details should they wish to discuss the study or its findings in more detail. A similar information sheet was developed and disseminated to professionals and the school.

Study limitations

As with all forms of enquiry, there are a number of limitations to the research and it is important to consider and reflect upon these in relation to the study findings' reliability and validity. The discussion that follows engages with some of the possible limitations to the study's design and chosen methods. A more detailed reflection on the specific challenges encountered during the field work and subsequent analysis is given in the concluding chapter of the thesis.

Reliability

Broadly defined, reliability refers to the consistency of research findings. The notion of reliability does, however, hold different meanings depending upon the epistemological assumptions guiding the research. Within positivist traditions, reliability is concerned with the consistency of measures, often linked to the precision and accuracy of methods of sampling and measurement in order to strengthen claims on which to make generalisations to the wider population (Cohen, Manion and Morrison, 2007). In contrast, interpretive enquiry points to the dependability of the research since, as discussed, multiple and often unique interpretations may exist thereby negating any efforts to replicate the research.

Drawing upon Denzin and Lincoln (2005), reliability in this study can be considered to be the extent to which the research and its findings can be considered as stable as indicated by the degree of consistency of observations and interpretations made at different times, through drawing on different methods, and in different contexts. As outlined, the triangulated approach to the research served to strengthen claims to reliability through drawing upon different perspectives, methods and interpretations (Cohen, Manion and Morrison, 2007).

Validity

Validity on the other hand refers to the trustworthiness of the research and its findings. Again the notion of validity is differentially defined according to the theoretical underpinnings of the research. In broadly positivist enquiry, validity refers to whether an indicator of a concept accurately measures that concept (Bryman, 2004) and can refer to

the accuracy of sampling, measurement and analysis of the data (Cohen, Manion and Morrison, 2007). In contrast, interpretive enquiry prioritises the depth and richness of data to demonstrate its validity.

Validity may be further defined as internal and external. Internal validity refers to whether the research and its findings produced an accurate account of phenomena and, within interpretive enquiry, is often discussed in terms of its authenticity. Methods of promoting authenticity, or internal validity, include sustained engagement in the research field, methodological triangulation, and member checking or respondent validation (Lincoln and Guba, 1985). As previously noted, such methods were integral to the present study's research design.

External validity refers to the generalisability or transferability of the research findings. In line with the interpretive approach, the present study does not seek to make generalisations to other groups of young people in different contexts, but makes visible the parameters of transferability through the provision of carefully detailed methods of sampling, data collection, analysis and results on which readers of the research can make decisions of its wider applicability (Lincoln and Guba, 1985).

Ecological validity refers to the extent to which the research mirrors real life situations. The use of observational methods over a sustained period enhanced the study's ecological validity as the researcher observed young people's interactions within real life contexts. The decision to conduct the study in different contexts further served to strengthen this

form of validity as observations of young people in alternative settings demonstrated the potentially different experiences and interpretations of health and empowerment.

Reflexivity and reactivity

The notion of reflexivity acknowledges the possible ways in which participants may respond to the researcher's presence. Drawing upon Cooley's (1902) notion of the 'looking glass self', a reflexive approach requires the researcher to recognise their own biographies and emotions that may be brought to the research. In doing so, this approach seeks to acknowledge how "selectivity, perception, background and inductive processes and research paradigms shape the research" (Cohen, Manion and Morrison, 2007: p.172). Reflexivity seeks to address reactivity through a continuous reflection on the researcher's interactions with participants in order to uncover the researcher's own subjectivity and assumptions (Holliday, 2002).

A reflexive approach to the research was therefore adopted to offer some safeguard against potential sources of reactivity. Three types of reactivity are considered here for their potential bearing on reliability and validity.

Personal reactivity

Personal reactivity to the age and gender of the researcher may present threats to reliability and validity of findings. Previous research (Spencer, 2008) pointed to this type of reactivity as, at times, participants appeared to look to the researcher to validate the acceptability of their responses and define them as 'right' or 'wrong'. This may exemplify

the inherent complexity of having an adult researcher conducting research with young people (Soto and Swadner, 2005), but also draws attention to the ways in which respondent expectations may influence responses (Westcott and Littleton, 2005). Particular attention was also given to the possible limitations that may stem from an adult researcher attempting to access and explore thoughts, perspectives and practices of young people.

In order to guard against this type of reactivity, it was necessary to ensure participants were comfortable in the presence of the researcher and recognise the value of their contributions. Field work took place over the course of several months in which time participants had ample opportunity to get to know the researcher and feel comfortable in her presence – this was deemed important for both the younger participants involved in the study and school staff, as the latter group are also likely to react to the presence of an observer. By spending time in the field, it was anticipated that any initial reactions to the research and researcher would subside as the researcher became increasingly integrated and part of the setting. Furthermore, through recruiting young men and young women into the study, possible responses to the researcher's gender were made more visible through facilitating comparison of the differences in responses and dynamics between the researcher and the young men and women participating in the study.

Contextual and procedural reactivity

Research undertaken in a school context can unknowingly mirror dominant protectionist discourses that privilege adult authority (David, Edwards and Alldred, 2001). The school setting is an environment in which young people may have relatively little control

(Darbyshire, MacDougall and Schiller, 2005) and consequently participants may feel pressured to give 'correct' answers (David, Edwards and Alldred, 2001: p. 328). Indeed, this was a concern for interviews with professionals too as they could have felt 'pressured' to give 'official' or socially desired responses. It was therefore reiterated to participants that there were no right or wrong answers. During periods of school observation, attention was given to the researcher's position in classrooms and, wherever possible, the researcher sat with and next to participants. Furthermore, by conducting the study in a range of different contexts, potential effects of contextual reactivity were more notable and its impact on the study's reliability and validity considered. These effects are reported in the final chapter of the thesis.

Other forms of procedural reactivity can arise in response to the methods chosen and their relative strengths and limitations in accessing perspectives on issues of health and empowerment. Methodological triangulation offered some safeguards against threats to reliability and validity presented by procedural issues (Bryman, 2004). By drawing on different methods the limitations of one form of data collection can be off set by the relative strengths of another. In particular, pilot work served to reveal any procedural issues that stem from discussion guides, in addition to timings, location and conduct of data collection sessions. An important learning point from the pilot study was the need to carefully balance time spent with different groups of young people – particularly those members of the Bronze group who initially appeared wary of an adult researcher.

Chapter summary

This chapter has outlined the overall methodological approach to the enquiry. Using a broadly nominalist ontology and underpinning interpretivist epistemology, the research design has been detailed in light of key theoretical concerns. The chapter has discussed decisions made in relation to issues of sampling and recruitment, methods of data collection and analysis. Fifty five young participants took part in the study, sampled across three different groupings from within the school context. A number of alternative settings were also used as important field work sites including the local town centre, sports clubs and the roller disco. In addition, professional perspectives were elicited from eighteen adults working with, and towards, young people's health in the study locality.

The chapter has also considered some of the potential ethical issues the study may have raised and some possible limitations of the research in terms of reliability and validity. Methodological triangulation and the reflexive approach to the enquiry have been highlighted as important strengths of the study design. Finally, the notion of reflexivity and three forms of reactivity (personal, procedural and contextual) have been discussed and their possible relevance to the study's findings examined. A more detailed account of the specific challenges encountered during the research is provided in the final chapter of the thesis.

Chapter Four

Being happy and having fun: Empowerment or risk?

Previous chapters have argued that current uses of the term empowerment in the field of health promotion uncritically assume that the process of individual empowerment unproblematically leads to positive health outcomes. Not only was it suggested that such an analysis downplays the effects of power that may impede or facilitate the necessary conditions for empowerment, it also fails to acknowledge the socially contingent meanings given to health and health-related practices by young people themselves. This first chapter detailing findings from the empirical enquiry therefore begins with an analysis of young people's own understandings of health – through a focus on their accounts of feeling well. In doing so, the chapter uses young people's own understandings of health as the starting point for examining what might be some of the possibilities for, and limitations of, empowerment.

Using Lukes' (2005) tripartite perspective on power as a framework, the purpose of this chapter is threefold. Firstly, by analysing young people's accounts of feeling well, some key prerequisites for empowerment are identified which, on closer inspection, challenge current understandings of individualised or *power to* notions of the concept. Secondly, by stressing young people's own frames of reference when discussing health, and contrasting these with the accounts of teachers and other professionals, we can begin to consider what might be young people's own (and different) health-related concerns and priorities –

indicating possibilities for young people's empowerment based on a *power over* conceptualisation. Thirdly, by identifying young people's understandings and priorities for their health, these alternative perspectives highlight what could be some counter-hegemonic tendencies in young people's narratives – pointing to possibilities for collective forms of empowerment. Based on a *power through* conceptualisation, these collective forms of empowerment may offer opportunities to redefine understandings of young people's health in line with their own perspectives.

Understanding young people's health and empowerment

Research to date has identified young people's perspectives on a number of health-related topics such as smoking (see Denscombe, 2001a; Haines, Poland and Johnson, 2009), alcohol (see Bogren, 2006; Järvinen and Gundelach, 2007; Tutenges and Rod, 2009), sexual health (see Skidmore and Hayter, 2000; Hyde *et al.*, 2005) and healthy eating (see Bauer, Yang and Austin, 2004; Ridder *et al.*, 2010). As previously argued, whilst this body of research provides important insights into young people's perspectives on particular health problems, it remains largely located in a pre-defined official agenda and downplays young people's own, and potentially different, frames of reference when discussing health.

Drawing on the approach adopted by Aggleton *et al.* (1996), young people's accounts of 'feeling well' will be analysed here for their understandings of health and implications for notions of empowerment. By doing so, the chapter draws attention to the value of the emic

approach taken within this study, as young people's accounts offer some alternative ways of analysing and understanding concepts of health and empowerment.

Being happy

Across all three groups³⁹ of young people involved in the study, accounts of feeling well were closely linked to the affective state of being happy. Being happy was largely understood as 'feeling good about yourself and the things you do'. Friendships and a sense of personal achievement were found to be of particular importance for most young people.

Researcher: Can you tell me what feeling well means to you?

Wendy: Being happy.

Sarah: Yeah being happy.

Lucy: Having lots of people around you that make you feel happy, so having like lots of friends and family.

Charlotte: Having a laugh with them and being relaxed around them.

Researcher: When you say being happy, can you tell me a bit more?

Lucy: When you're happy within yourself.

Emma: Like when you're happy within yourself (Focus group, Gold group).

Researcher: Can you tell me what feeling well means to you?

Lisa: Being happy like, feeling well. Like just feeling well in yourself and like achievement, if you've done something well you feeling proud of yourself. I'm always happy, I'm never sad...it makes you like feel good about yourself.

Researcher: And what sort of things make you feel happy?

Lisa: Friends, socialising with them, like when you're out and having a laugh, having fun, that makes me feel good (Individual interview, Gold group).

³⁹ As indicated in Chapter three, young people were sampled across three groups based on the school's cohort system: Gold Group (Core Standard), Silver Group (Core Vocational), and Bronze Group (Core Enhanced).

Young people's accounts of being happy suggested an everyday preference for positive notions of health. Discussions of 'feeling good about yourself' highlighted young people's concern with the importance of what was described by participants as a positive 'belief in the self' – suggesting some alignment with more individualised notions of empowerment. Efforts to promote a positive sense of self were witnessed within the school environment. Display boards, tutor time input, as well as some lessons stressed the importance of developing young people's self-esteem and confidence as key prerequisites for health and well-being. Young people's accounts showed some assimilation of these official self-development discourses as they appeared to link being happy with their own feelings of confidence.

Researcher: What does feeling well mean to you?

Charlotte: Like being happy and because for me it's having the confidence to know that I am or who I am and that I can be my own person and be confident about myself, that makes you feel good and happy (Individual interview, Gold group).

Interestingly, confidence was often discussed by participants in terms of its absence and was something constantly to be 'worked on' by the individual through, for example, developing the capacity to 'believe in yourself'. In their accounts, young people linked the capacity to believe in themselves to their relationships with others – especially friends and family. The analysis that follows highlights how such a relational understanding of happiness, and its relationship to what young people described as confidence, raises some important questions about the assumed individualised nature of young people's confidence and points to its more social underpinnings. Examining young people's accounts of being

happy highlighted three different understandings of what they termed a 'belief in the self' – often conflated and discussed interchangeably with 'having confidence'. These three interpretations highlighted some of the positive aspects of young people's everyday lives and their propensity to feel good in particular social situations – pointing to some potential prerequisites for young people's health and empowerment.

Knowing I can do something

'Knowing I can do something' and believing in oneself were recurrent themes in young people's accounts of being happy and were often discussed interchangeably with having confidence.

Charlotte: Just knowing that I can believe in myself and I know that I can do something. 'Cos generally if I can do something that I'm quite confident in and I can go and do that as well as I can.

Researcher: What things help you believe in yourself or support your confidence?

Charlotte: Well the people around me telling me that you can do something (Individual interview, Gold group).

Doing well in sports and school work pointed to some young people's involvement and achievements across a range of activities. Those in the Gold group, and some individuals in the Silver group, were often involved in music, dance and sporting events and frequently received commendations for their academic and non-academic efforts and achievements. In particular, members of the Gold group seemed to feel a real sense of personal pride when achieving good grades, which had reported effects on increasing their motivation and confidence to do well.

Gina: If I know I'm doing bad in something and then I get a good grade in it, it gives me confidence, I think well if I can do this I can do better and think to myself if I get a bad grade then I can work better at it 'cos I can do better than I achieved (Individual interview, Gold group).

Simon: It motivates you to do even better as well like you've done like really well then maybe I can do better now (Individual interview, Gold group).

Doing well often resulted in praise and positive recognition from parents, teachers and friends. In this way, increases in motivation and confidence to succeed were contingent upon the (positive) response and reinforcement by others, not just the attainment of a good grade.

Michael: You feel you're achieving something in your life that makes you feel, it ups your self-esteem. In my speaking and listening, that was the highest grade I ever got, and I just came in with like a massive high, 'cos I usually get Bs and Cs and I suddenly came up with this A star and I was just glowing...then I started thinking about what my mum's gunna think and what my dad's gunna think and they're gunna give me a lot of praise 'cos I got the top grade, so they'll just be made up with me. It's a chain reaction really, you feel good then you realise that they'll feel good, it makes you feel even better (Individual interview, Gold group).

David: I go home with a pack of commendations from the Head of Year, they say it's excellent. That's a sense of wow I've achieved something. I've made my parents proud. What else? Sports day, our house wins, you won a certain event for them, show it to your parents, again they're extremely proud of you, therefore you feel well...(Individual interview, Silver group).

The relational aspects of developing a positive belief in the self become clearer when contrasting the accounts and experiences of young people in the Gold group with those of the Bronze group. Young people in this latter group pointed to lack of acknowledgment

and the limited opportunities for them to do well and often reported that they rarely received positive comments from teachers and parent figures.

Kelly: They're saying, Miss Gleeson saying about our confidence at school yeah, what about us lot? Our confidence ain't right, and they don't feel down for us.

Sonya: Yeah listen right, I wanted to do drama, but because I'm in this half I can't do drama...people call us the dumb half and that's why we call it the dumb half because we, our confidence ain't there any more...(Focus group, Bronze group).

Kelly: When it comes to us it's like they're nothing to us, our school, we don't have to do much with them. But then if they least give us a try of what we wanna do maybe we might do well, but now they're pushing us down low, and they're saying we're pushing you to do stuff, but they're not exactly pushing us, they're pushing us down.

Researcher: Can you explain how they're pushing you down, and also how they might push you up?

Kelly: If they like give us more encouragement and let us do things what we think we're capable of...now they haven't so, now they're saying, keep saying that we're pushing you to do this work 'cos we want you to get higher grades, but it's like pushing us down because we know we're not gunna get a high grade...(Individual interview, Bronze group).

Whilst these accounts indicate some assimilation of the more individualised psychological discourses around understandings of confidence and self-esteem operating in the school context, these discussions also highlight the importance young people attached to receiving positive recognition from adults. In these examples, developing and maintaining a positive belief in the self appeared to be less a consequence of the individual doing well than the nature of the school context which offered some young people greater opportunity to demonstrate their abilities to succeed and achieve. The reported lack of praise and recognition experienced by members of the Bronze group highlights the ways in which

young people's beliefs in the self closely relate to the context in which any possibilities for empowerment may be realised.

Young people's accounts further suggested that doing well was valued for adding a sense of meaning and purpose to life. For example, Luke, a young man from the Silver group, described how attaining personal goals gave him 'a reason in life'. Similarly Michael, a member of the Gold group, described how doing well made him feel 'part of the world'. In this way, young people's accounts of a belief in the self indicate how notions of empowerment may be more closely linked to young people's sense of having a place in the world (particularly in relation to others), rather than more individualised processes of developing self-esteem and self-efficacy that much of the existing literature on health promotion has focused on (Tones, 1998a and b; Wight and Dixon, 2004). Subsequent chapters will further illustrate the importance young people attach to their (social) positioning as a key element of health.

Looking good

A second understanding of a belief in the self which also linked to notions of confidence centred on young people's accounts of 'being happy in yourself and [your] body'. On first reading, this understanding of confidence could suggest an individualised interpretation of confidence and appeared to be especially pertinent to the young women in this study.

Researcher: When you say confidence, can you tell me what you mean, what's your definition of confidence?

Sarah: Like being happy in yourself.

Lucy: And feeling like happy in your own body...(Focus group, Gold group).

Researcher: Can you tell me what you mean by confidence?

Melissa: Like being able to go up to say, for example, with boys and I was liking one of them, like if I look, if I feel as if I look good, like confidence to go over to them and just start chatting to them...(Individual interview, Silver group).

Young women often talked about the importance of 'looking good' as a prerequisite for being happy which involved following the latest styles of fashion, hair and make-up depicted in popular celebrity magazines and the media more generally. As Melissa described above, the importance attached to looking good was thought to enable girls to talk to others and, in particular, boys.

Melissa: Like hair and make-up I think that's quite important for me because it makes me feel confident, like it makes you feel better if you feel confident wearing hair extensions or make-up, it makes you feel like quite good about yourself.

Researcher: Do you know what it is about the hair extensions and the make-up, how do they help you feel confident?

Melissa: Because maybe I'm not confident without the hair extensions and maybe without the make-up on and I think like it makes me look like something that I wanna look like...(Individual interview, Silver group).

However, this description of confidence in oneself and one's body was not quite as individualised as the girls' accounts might suggest. A number of external factors – most notably, the degree to which their appearance aligned with dominant images of slim,

attractive and sexy women in the media – pointed to the significance of gender as a determinant of young women's health and possibilities for their empowerment.

Respondents' frequent reference to the pressures from media images of attractive young women highlighted some contradictions in young women's narratives. On the one hand, media images of celebrities were discussed as undermining their confidence, particularly when they felt their own appearance did not match up. However, these images were also described positively – offering possibilities for young women to develop their confidence by taking up and aligning their appearances with those of women depicted in the media.

Hayley: What I said about magazines I think girls get quite uptight, unhappy...

Rachel: Then they look at a really skinny person and think they're fat and stuff...

Hayley: Really nice figure, everything, nice clothes...

Rachel: They want it...

Hayley: Yeah and they look good, and if you go to copy 'em, you don't feel like you can fit in because their sort of style doesn't fit your style, so you get like depression from magazines. I was looking at one the other day and there was like a really pretty girl, she had nice eyes, nice front, she had a really nice figure, she was like nicely proportioned, she looked good and I admit I wish I looked like that (Focus group, Silver group).

However, it was not simply young women's internalisation and alignment with these images that made girls feel (or not feel) confident in themselves, but also how their peers responded to their appearance and style adopted. These reactions appeared to hold either the potential to threaten or support feelings of growing self-confidence. For some young women, the opportunity to align their appearances with these images was closely tied to

the affordability of preferred fashions, hair styles and make-up – a finding discussed further in the next chapter.

Melissa: Yeah, appearance, like say if someone's got the latest hairstyle and say if some people can't afford to get their haircut like every week, then they can feel really not good about their self 'cos they feel as if they're not good enough for everyone, like it's linked to confidence (Individual interview, Silver group).

While some girls reported that looking good was important for self-confidence, others seemed to suggest that some girls' obsessive concern with looks revealed a lack of confidence in simply 'being themselves'. This was a criticism often voiced by girls in the Silver group against those in the Gold group. Whilst conforming to dominant gender images enabled some girls to fit in with their peers, the value given to these appearances also restricted the acceptability of more individual forms of expression – which for some girls was a 'true' mark of being happy with themselves. Some young women's displays of active resistance to these dominant images, through the adoption of alternative styles of dress, hair and make-up, were met with criticism by others.

Melissa: If there's a certain fashion and someone's not wearing that fashion, then there can be a lot of bitchiness (Individual interview, Silver group).

Here, the social effects of one form of dominant femininity (largely based on attractive women in the media) on young women's positioning amongst peers were seen to limit the potential for young women's (individual) resistance to dominant gender norms, thereby

limiting possibilities for individual empowerment. The frequent assessments and criticisms made about young women's appearances by both girls and boys appeared to threaten the possibility for maintaining a positive belief in the self, as young women's appearances were a key marker of social position amongst peers. The significance of this latter point is further examined in the following chapter.

In contrast to current theorisations of empowerment that describe the concept as a continuum moving from the individual to the collective, the above illustrations highlight how individual and collective forms of empowerment can sometimes work against each other. Individual displays of young women's resistance to dominant norms concerning appearance (by wearing clothes that differed from those captured in the media – such as wearing loose fitting [often dark in colour] jumpers, jeans and trainers, along with the absence of any make-up or jewellery) may set limits on any collective effort to challenge understandings of femininity more broadly, as adopting these alternative appearances set them apart from their peers. In contrast, most young women's preference for adopting shared appearances that align with images of attractive women in the media, whilst indicating possibilities for collective empowerment, also revealed the potential for this form of collective empowerment to reinforce, rather than challenge or transform, dominant gender norms. Subsequent chapters illustrate how these contradictory positions may ultimately contribute to the reproduction of dominant power relations.

Evidence of boys' concern with their appearance as an index of feeling good was also found in their accounts. Discussions indicated that young men also linked how they looked with their social positioning. In particular, young men's discussions of looking good highlighted the value attached to various styles of dress, such as wearing a 'hoodie'⁴⁰ or flat peak⁴¹ and, specifically, the significance of self and peer assessment of their appearances to young men's health, with important implications for understanding young men's empowerment.

Researcher: Can you tell me what feeling well means to you?

Nathan: If I'm looking good, if I'm doing well in subjects, if I'm doing well in sports, doing well like out of school...

Researcher...And what about looking good, why's that important for you...?

Nathan: If I don't look good, like if my hair's crap, I feel on a bit of a downer. Sometimes you can look rough and you just feel oh I don't want anyone to see me.

Researcher: So what happens if you feel you don't look good?

Nathan: I go quick jump in the shower, do my hair, put a bit of after shave on and then if I think I look alright, then if I don't, when I get spots, if I get some spots I'm like oh no what's occurring? That makes me feel bad aaah! I can't go out looking like this...(Individual interview, Silver group).

Young men's appearances similarly enabled them to negotiate valued social positions amongst peers. Consequently, when asked by teachers to remove items of non-school uniform such as hooded sweatshirts, caps and flat peaks, some boys would object to such requests. For example, some boys simply refused to take off their flat peaks – often on the

⁴⁰ A hoodie is a sweatshirt with a hood. In the 2000s, the hoodie has been associated with criminal and anti-social behaviour.

⁴¹ A flat peak is a hat where the peak has to be completely flat.

grounds of their hair 'being a mess' which they believed made them vulnerable to ridicule from peers.

Whilst peer assessment of their appearance was of central importance to these young men, teachers viewed the boys' resistance as an attempt to defy school rules and evidence of 'unruly' behaviour. Consequently, in trying to maintain their appearances (which they linked directly to sustaining their own health), these young men unwittingly prompted a series of (negative) reactions by teachers and other adults – the implications of which are considered more fully in the following chapter.

Young people's assessment of self and peer appearances point to the ways in which the importance attached to a positive self belief can be experienced and developed in relation to the gendered order prevalent within a particular social context (Connell, 1987, 1989). Young people's accounts of being confident in themselves were closely linked to their (social) positioning and, specifically, the degree to which they shared particular styles and appearances and were subsequently acknowledged as 'fitting in' with peers. These contextual factors seemed to differentially support and limit young people's opportunities for both individual and collective forms of empowerment.

Talking to others

A third and final aspect of developing a belief in the self tied to the ability to talk to new people. When asked about factors influencing their confidence, young people in the Gold group described their experiences of talking with authority figures, including politicians and senior staff at school. Members of this group were often involved in efforts to promote the school's positive image within the wider community.

Researcher: What sort of things would influence your confidence?

Lucy: Talking to new people. If you talk to new people and they like you, then you know you're a likeable person which boosts your confidence and just compliments if people say you're really good then that's gonna boost your self-confidence (Individual interview, Gold group).

Sarah: I really do think it helps with the whole happiness and self-confidence. I think being able to be confident and talk to other people you have to first have confidence in yourself (Individual interview, Gold group).

Whilst on a first reading these accounts prioritised first and foremost 'having confidence in yourself', this aspect of confidence was once again developed in relation to others. In a further example, young people in the Bronze group also linked their feelings of confidence to talking to new people, but did so by describing their lack of ability to talk to others. This perceived inability to talk to others seemed to deny them opportunities to develop their confidence, but was also seen as a direct consequence of having no confidence.

Researcher: I don't want to put you on the spot now, but you didn't know me...

Kelly: But when I first saw you, I felt like I knew you because when I first started to speaking to you, I felt like I knew you, but when I go to other people I don't feel like I know them.

Researcher: But do you know what the difference is? What is it about meeting someone for the first time, like you did talk to me, so what was the difference?

Kelly: It was, like a person judges you just like that sometimes, and then when you get judged you think, am I that really bad? And then that's when it just lowers you down...Like you, I felt you weren't judging me, that's like why I's thought I've always known you (Individual interview, Bronze group).

This young woman's ability to talk to someone she had recently met contradicted her reported inability to talk to new people but, in so doing, illustrated the ways in which young people's accounts of confidence were relationally framed. In this particular example, having the confidence to talk to a relative stranger was linked to the (non-judgemental) response received and not because Kelly was simply unable to talk to new people. As later chapters illustrate, the Bronze group reported less opportunity to receive such positive and non-judgemental responses from others which was seen to significantly limit their possibilities for developing a positive belief in the self.

Discussion so far has highlighted young people's tendency to describe their health in positive terms, linked to the various (social) factors that made them feel and be happy. These positive expressions of health indicate a starting point for empowerment that is more firmly located within contextual, rather than individualised, features and, specifically, young people's social positioning in relation to others. An examination of young people's accounts of being happy has shown how 'individual' confidence is constructed within a

complex network of (gendered) social relations. Understanding confidence as relational and contextually-defined offers an illuminating way of analysing individualised notions of empowerment that present in young people's accounts, and draws attention to some of the social conditions and structures that differentially support (and impede) possibilities for both individual and collective empowerment. Subsequent chapters will exemplify how these social conditions and relations are ultimately linked to, and bound by, particular concepts of power.

The discussion now turns to consider the second key way in which young people reported feeling well through the notion of 'having fun'. The idea of having fun points to possible ways in which young people collectively seek to affirm their (social) positioning and set their own agendas in life, which exists in some tension with adults' discourses of risk and risk-taking – pointing to some competing priorities for health.

Having fun

Young people's tendency to understand health in a positive way was also evident in their accounts of what they described as 'having fun'. Among all groups, having fun was closely linked with young people's sense of being happy and feeling well. Some accounts (particularly those from members of the Gold group) further, and explicitly, linked having fun to different aspects of their mental and social health and, in doing so, appeared to draw on more official discourses on health.

Matty: In the summer holidays, like late afternoon, we'll always go round each others' houses and have a couple of drinks of beer, play on the console and just chill out and have fun.

Luke: Yeah when it's morning you get up, ring your mates, you go out, you chill out...you just wander around and have a laugh...it's just fun, it makes you feel good...(Focus group, Silver group).

Michael:...If we go out and have fun and a laugh with our mates then that'll be good for my mental, social health... (Individual interview, Gold group).

Within the school context, having fun was equated by different groups of young people with 'having a laugh' and 'messaging around'. These practices included 'making jokes' and laughing at teachers. Having fun in other contexts was more often described as 'enjoying oneself' or 'chilling with friends'. These practices might involve diverse activities such as hanging around in parks, playing football and drinking. Having fun was described as something young people always did with others – in particular, friends.

Researcher: When you say having fun and a good time, what do you mean?

Michael: Just messaging around, just dossing around with your friends and having a laugh (Focus group, Gold group).

Rachel: Having fun, messaging around and stuff.

Researcher: And when you say having fun and messaging around, what do you mean? What are you doing?

Rachel: Enjoying yourself

Researcher: And what do you do?

Rachel: Go round my mates and just stuff...Hang around at the park or something.

Researcher: And what are you doing?

Rachel: Just sort of dossing around (Individual interview, Silver group).

For many young people, having fun was seen as a valuable end in itself, again giving meaning and purpose to their everyday lives. Importantly, having fun was described by young people as freeing them from the imposition of control they felt and experienced within the everyday structures and routines of the school environment.

Luke: Tomorrow it's Saturday so if I sat outside my house, I can just put up a chair and sit back, do whatever I wanted, skate board, bike, play games, frizz bee, whatever. As long as there's nothing bad, you can just have one day of fun...it makes you feel happy, you know you've got something to do and you have a purpose of being on the planet.

Researcher: Right ok, do you not feel that on other days then?

Luke: No because on other days you always have something to do, everyday of the week, from Monday to Friday we have school, we have to do that and it isn't a feel free sort of way, want to do that, it's a have to. It feels like you're life's being controlled...it gives you the sense of purpose 'cos if we're here working for six hours straight in a day, five days a week, it makes you feel that your life's stuck in one cycle and you're not doing anything to improve it and if we go out and have fun you know there's a reason you should be doing those, 'cos you're on the planet to experience everything...(Individual interview, Silver group).

The multiple ways in which young people described having fun were connected to their desire for freedom, and closely linked to a social positioning as not yet adult. Young people's understandings of having fun further linked to concepts of empowerment. Firstly, accounts of having fun point to a number of creative strategies developed by young people themselves to act in accordance with their own frames of reference. The shared systems of meaning on which these creative strategies were based not only excluded many adults, but also affirmed young people's sense of belonging amongst peers. Secondly, these collective strategies offered young people the opportunities to manage and resist a number of reported (social) pressures linked to their social position. This resistance was, at times,

seen to subvert the normal order of the social context in which having fun was experienced. Thirdly, young people's discussions of having fun reveal a more positive discourse (with potentially counter-hegemonic tendencies) to that offered by official health promotion discourse which often prioritises concepts of risk (see Lupton, 1995, 1999a and b). These different interpretations can be seen in the three main ways young people talked about having fun.

It's just having a laugh

Young people's accounts often suggested that having fun was a way to alleviate boredom, particularly when at school. Young people across all groups frequently reframed mundane, everyday events as 'entertaining' and seemed to need little stimulus to laugh or find something amusing. For example, talking in a different voice or walking in a different way often triggered outbursts of laughter. In this way, young people were seen to create their own and innovative forms of entertainment organised around shared systems of meaning.

...Kelly, Sonya and Becky stand outside the sixth form centre at lunchtime. Becky starts screeching 'Dr Beeeeccccckkks, Dr Beeeeccccckkks'. The others stand and laugh at her as she walks around clucking like a chicken. Mr Danner comes over and asks what she's doing. Becky replies 'nothing, it's just having a laugh ain't it'. Mr Danner tells her to be more grown up and reminds her she will soon be leaving school and entering the 'real world' ...(Field note, Bronze group).

Examples such as these often left teachers unaware or even confused about why young people were laughing. When questioned about their behaviour by teachers, young people often replied by simply suggesting they were 'just having a laugh'. Observational data

revealed how other teachers responded to these examples more negatively with frustration, often commenting on young people's unacceptable and immature behaviour.

Young people's strategies for creating fun seemed to provide teachers with evidence of young people's inability to take things seriously and act responsibly. Having fun was largely seen by teachers, not as a valuable end in itself, but as a distraction from the achievement of educational goals. Accounts by professionals largely prioritised the need to develop young people's maturity and responsibility – an indicator of which was their ability not to laugh at seemingly insignificant things.

However, whilst 'having a laugh' at seemingly insignificant things sometimes met with negative responses from teachers, exerting control over what was seen as 'funny' appeared to add to the fun in two main ways. First, by having fun at nothing, young people felt capable of laughing at things adults did not find amusing. This offered limitless ways of having fun in which young people themselves could set the terms of reference for what was considered fun, often to the exclusion of many adults. Adults were further excluded from young people's understandings of having fun as they were often described as 'boring' and largely incapable of enjoying themselves.

Michael: Just 'cos we're kids and we like to have more of a laugh than adults do. We like to have more fun, 'cos adults just like sit around and be boring and we like to go out and do loads of stuff, like hang out with our friends, and we just have more fun...(Individual interview, Gold group).

Second, lack of clarity surrounding having fun could itself be part of the fun, and indeed something that young people felt adults could not, and should not, know about. Any attempts to understand what having fun meant to young people seemed to take the ‘fun’ out of having fun – indicating the value attached to the exclusionary practices that underpinned having fun about nothing. The perceived ignorance of adults was a focal point of reference in young people’s accounts of having fun. The incapability *and* ignorance of adults enabled young people to demonstrate their own capabilities and authority as the following interchange reveals.

Researcher: What sort of stuff do you do to have fun?

Laughter

Jason: Don’t be shy now Luke!

Matty: Kids things

Luke: Little kids things that adults shouldn’t know about.

Laughter

Researcher: You going to say anymore?!

Luke: You might get embarrassed.

Researcher: Try me!

Luke: Just messing around really, it’s sort of like nothing really (Focus group, Silver group).

In this way, young people’s accounts of having fun can be understood as ways in which they sought to take control over everyday systems of meaning by defining the conditions, and setting the parameters, for what was seen as funny –critically, to the exclusion of many adults. Accounts of having fun about nothing seemed to offer creative ways in which young people could free themselves from adult imposed conditions in the school context and offered possibilities for (momentarily) shifting the balance of power within the classroom. This exclusion of adults can be also seen as a way in which young people

maintained control over shared systems of meaning and further affirmed their positioning amongst peers.

Freedom to define the parameters for having fun was, however, constrained by aspects of the school. The school environment seemed to offer some young people more opportunity to have fun than others, as teachers reasserted their authority and took back control by negatively sanctioning young people for ‘messaging around’. Young people in the Gold group were viewed by other students as being able to have fun in lessons yet ‘get away with it’ more readily than those in the Silver and Bronze groups. One reason for this difference seemed to derive from the ability of young people in the Gold group to (successfully) respond to the work-related questions posed by teachers or alternatively showed evidence of work completed. By doing so, young people in this group were able to continue having fun whilst appearing to simultaneously concede to adult authority. In contrast, those in the Silver and Bronze groups did not always respond to teachers’ questions with equal success and were subsequently disciplined for not listening.

Laughing at others

A second understanding of having fun that emerged from young people’s accounts was that of ‘having fun at others’. Whilst young people’s accounts seemed to emphasise having fun was often about ‘nothing in particular’, jokes and laughter frequently could be at the expense of others – in particular, teachers.

Laughing at others sometimes resulted in significant disruption to school routine. On several occasions during fieldwork, some of the boys from the Silver group recorded the sound of a fire alarm on their mobile phones and played these back during lessons. Inevitably teachers would respond to the alarms by following fire safety procedures whilst students sat at their desks and laughed at the teachers' response. A further example of the disruption caused by having fun about others was seen at an X-Factor⁴² style music event.

...many Year 11s are sat on the back rows in the audience...A sixth former begins to sing Leona Lewis' version of *Run* and Nathan says loudly, 'Oh my god, she sounds like a screaming cat being tortured'. He begins to mimic her singing much to the amusement of others. When the performance is over they all clap, cheer, stamp their feet and call out 'encore darling, encore'. Mrs Payton looks to the back row and appears unimpressed as she indicates for them to be quiet. Several adult members of the audience also turn to see what is happening...A second young performer starts to sing, but then suddenly shouts 'fuck' across the microphone and walks off the stage. The young people burst out laughing as the teacher facilitating the performances attempts to defuse the 'outburst'. She seems quite embarrassed and Nathan says 'This is just so funny...look at Miss Jenkins...she's shitting herself'. The others laugh loudly. Mrs Payton then comes over and sits with us for the rest of the event (Field note, music concert).

On this occasion, having fun at others disrupted the performances and added to the discomfort of the teachers hosting the event. The reaction of teachers and the (adult) audience highlighted the ways in which adults often perceived young people's expressions of having fun as evidence of their lack maturity and respect for others. However, young people themselves viewed such events as 'just having a laugh' and they were largely found

⁴² X Factor is a British television singing talent series in which members of the public audition and compete for a recording contract with a leading music label.

to be so amusing because of the (negative) reaction from others – most notably the potential to cause disruption and subvert the normal ordering of events.

Having fun with friends: Young people's health-related practices

Being with friends was a third theme in young people's accounts of having fun and again highlighted the value placed on the relational aspects of developing a positive belief in the self. Among all groups, young people suggested that having fun was something done with others, in particular, friends. Being with friends included 'hanging out' in local parks and the town centre, watching DVDs, chatting, going shopping, playing football, and drinking alcohol. As earlier evidenced, young people also talked about 'chilling out' and relaxing with friends which helped to manage and reduce a number of reported pressures in their lives.

Researcher: When you say having a laugh or a good time – what is it you're doing?

Tom: Just talking to people like so freely that you haven't gotta think about what you're saying, you're able to say what you want, just making people laugh and making little jokes that are funny, you haven't got a worry, haven't gotta worry about anything (Individual interview, Gold group).

David: I just love nights like going out.

Matty: And you don't need to be in at a certain time.

Luke: I just love it when there's one day you can sit and relax and there's no rules...Sundays as well yeah because you spend everyday in like a ruled world and there's not hardly anything you can do, and then you've got one free day, like what Gaz said about going out on a Friday night and do whatever you want, you feel better and you feel like you can do something more with your life.

Matty: You can do something, you've got three days of just pure chill...(Focus group, Silver group).

Drinking and smoking were seen by some respondents as part of having fun with friends, these practices being positively linked to young people's desires for greater freedom. Young people's discussions also revealed a gender difference in the health-related practices of boys and girls. Some boys, notably those from the Silver and Bronze groups, reported a preference for smoking cannabis. Whilst some research has suggested that boys' use of cannabis and other illicit drugs can be seen as expression of the need to be 'tough' and 'hard' (Courtney, 2000; Haines *et al.*, 2009), the boys in this study discussed how smoking cannabis could be 'funny' and made them 'feel free' and relaxed from any worries and pressures in their lives. In particular, smoking cannabis was valued as a means of pacifying aggression, rather than asserting themselves. Accounts of smoking cannabis here can therefore be seen as a way in which some boys actively sought to resist, and free themselves from, the demands of more traditional gender norms linked to dominant forms of masculinity.

Researcher: You said weed makes you feel well, can you say a bit more about that?

Gary: It's just like when you're round your mates and they're having it they're always happy around you.

Luke: It just chills you.

Matty: You don't think about anything it, you just think about good things you don't think about the bad things...Everything's just clear, you feel just like free on your own.

Researcher: And that's a good thing?

Matty: Yeah, 'cos sometimes especially when you're pissed off with someone you'll go out with your mates and have a joint and then you feel better...you'll just chill out, you don't worry about things....(Focus group, Silver group).

Dean: It [cannabis] makes you more sociable, it makes it easier to like meet new people, and it gives you more confidence...(Individual interview, Bronze group).

Similarly drinking alcohol was reported as helping some boys (particularly in the Gold group) to feel relaxed, free and have a good time with 'the lads'. Importantly, drinking was not discussed in terms of 'laddishness' and the pursuit of sexual conquest (themes often highlighted in the literature, see Connell, 2005, and Haenfler, 2006, for example), but was largely described as an opportunity to 'chill out' and relax with friends.

Nathan: You just feel good about yourself, 'cos when you're with your mates and you're drinking, you can't ask for much more really, it's just a laugh...it's just with the lads having a laugh... We had all nighters like round my mates, it's awesome like, we take a CD player, just listen to music, just get drunk, have a laugh, it's just like quality times. It's like oh yeah, this is the life. When it's sunny, drinking with your mates, it's just a good time (Individual interview, Silver group).

While girls were generally critical of smoking cannabis and the use of other illicit drugs, they too openly discussed their positive use of alcohol. Among girls in the Gold and Silver groups, drinking alcohol was reported to make them feel and be more sociable. Drinking alcohol was further described as making them feel confident which helped them better negotiate social contexts and, in opposition to traditional forms of femininity, to assert themselves within these settings.

Gina: It's like easy to socialise so if more people are there it's easier to talk to people and get to know people, especially if you're drunk (Individual interview, Gold group).

The positive links young people made between their health-related practices and the factors identified as supporting their confidence raise questions about the assumption often made

in official health discourses that processes of individual empowerment straightforwardly translate into positive health outcomes. Drinking alcohol and smoking cannabis were not discussed by young people as being particularly problematic for their health, but instead were seen as offering pleasure and freedom from the imposition of control, and affirmed their positive self belief.

By drawing upon young people's own understandings of health, a tension between processes and outcomes of empowerment can be seen as young people's accounts of their health-related practices seem to offer possibilities for empowerment, but at a potential cost to their health. Consequently, health promotion efforts aimed at 'empowering' young people based on the reduction of their smoking and drinking practices may, paradoxically, hinder the very prerequisites for processes of empowerment identified in young people's own accounts.

This tension raises important questions about the distinction made between processes and outcomes of empowerment in the current literature and points to some unintended outcomes of the concept that may not be deemed health promoting. These unintended outcomes may, in turn, shape subsequent responses and processes of empowerment and further the *need* to empower young people according to official discourse. This illustration begins to suggest the need for a more dynamic and generative understanding of empowerment, rather than a stable continuum as suggested in much of the current literature (Williams and Labonte, 2007; Nation *et al.*, 2008; Pearrow and Pollack, 2009).

Despite suggesting that practices such as drinking alcohol and smoking cannabis were important aspects of having fun with friends, accounts pointed to the importance of some limits to enjoyment. Young people in the Gold group described the ways in which they drank alcohol responsibly and suggested that in doing so they alternated alcoholic drinks with soft drinks. Others reported drinking in moderation – just enough to have a good time, rather than to get drunk. Boys in the Silver group denied smoking cannabis on a regular or daily basis which was seen to be a particular risk for (mental) health.

Lisa: When I drink I don't binge-drink, say if I have a Smirnoff Ice I'll probably have like a lemonade afterwards so I try to pace myself like I usually do go and get a lemonade (Individual interview, Gold group).

These, and similar accounts, reveal a degree of assimilation of dominant health promotion discourses which prioritise individual responsibility for health. At times, some young people seemed to act in accordance with these discourses.

...I ask Mooks if he has had a drink to which he replies no and tells me he has football training tomorrow and will then spend the rest of the day with his family. He said he did not want to drink before playing football as it might affect his game. Some of the girls are not drinking because they say they are not sure how they will get home and others tell me they have coursework to finish before Monday (Saturday night, outdoor dance event).

Concern about school work or involvement in sport, thus, often took priority over getting drunk. Members of the Gold group, who were often involved in a number of different activities, seemed to draw upon notions of responsibility more readily when discussing

their health-practices practices. In contrast, young people with less involvement in (structured) activities, such as those in the Silver and Bronze groups, whilst at times discussing 'being responsible', were seen to act against dominant health discourses and often attributed their drinking and smoking practices to 'having nothing else to do' or 'just having a laugh'.

There were times, however, when some young people, particularly those in the Gold group, seemed to successfully manage pleasure and responsibility. Young people in the Gold group often reported they enjoyed going out with friends which on occasion involved drinking alcohol and smoking. However, going out with friends did not necessarily need to compromise other important commitments such as completing coursework or playing sports. Successfully balancing work and play enabled these young people to largely dismiss dominant health promotion messages, as any immediate consequences from their health-related practices seemed to hold minimal (negative) influence on other aspects of their lives. For other young people, such as those in the Bronze and Silver groups, this balance was less successfully accomplished as, for them, being with friends often took priority over school work.

An awareness and understanding of the potential health implications of drinking alcohol (and also smoking and taking drugs) was also evident in the way young people identified the risks to health of other people's behaviours, rather than their own. Two groups of 'risky Others' emerged in these accounts: the 'adult Other' and the 'younger Other'. The

construction and categorisation of these two groups identified risks as tied to the particular characteristics and behaviours of these groups.

Young people across all groups were quick to point to examples of adults' drinking and smoking. Young people's discussions of adults as 'binge-drinkers', identified the risks associated with alcohol use as linked to the drinking practices of adults.

Michael: They say all this stuff about us binge-drinking, they're just as bad. Most adults are just as bad, so they kind of set an example 'cos if they're getting drunk all the time, and some people reckon they see these drunk people, and so 'oh that's a good laugh, we'll do that', and so it's kind of, I'm not saying it's their fault, but some adults can influence it, like some of those binge-drinkers.

Researcher: Can you say a bit more about how adults influence it then?

Michael: Well say if they like go for a drink and they'll go out and just walk around town...you do see these drunk people, these drunk fellas all walking around, so it's well we should do that 'cos it looks a good laugh. They're trying to say it's our fault, they kind of influence, adult behaviour can sometimes follow up in kids (Individual interview, Gold group).

By assessing their own practices in relation to adult behaviours, young people concluded that the perceived risks to their own health were minimal, and stressed that adults should actually be the main target for health promotion messages – pointing to examples of adult hypocrisy. In contrast to adults, young people suggested that only a minority of young people drank excessively and respondents attributed problematic or risky drinking to 'bad parenting' or coming from a 'poor social background'. Since many young people generally reported positive family relations, they did not associate their own drinking with friends as problematic or risky.

Michael: ...Just 'cos we like to go out and have a drink, they suddenly think that we're gunna come out drunk and high. In actual fact, what we do is we just have a couple of drinks, have a laugh, and then go home... You always see like all these kids from somewhere just round binge-drinking all the time and that's what they think is happening here. It's just 'cos we're doing exactly the same thing, but we're not doing, like going out and doing criminal damage or beating someone up just 'cos we're drunk. It's just like one out of ten people will do that... Most of us will go to parties and then feel like we've had enough and then just won't drink at all. Most of us generally are responsible about how much we drink (Individual interview, Gold group).

Young people also identified risky drinking as a characteristic of some other young people's behaviours. Here, the risky younger Other was most usually seen as coming from a poor background and being marginalised from mainstream peer groups.

Josh: Some people drink a lot, there's some people just binge-drink that's just stupid. It's like all the people buy White Stripe and stuff, people who got bad homes and stuff... (Individual interview, Bronze group).

In their constructions of risk and risky Others, young people's accounts often drew upon recent reported concern over binge-drinking⁴³ in the UK. Media images of young people's drinking practices, however, contrasted with young people's accounts of the ways they used alcohol as part of having fun with friends. Media images were heavily criticised for promoting an unrealistic stereotype of young people and were largely dismissed as being irrelevant to respondents' own drinking practices.

⁴³ *Booze Britain*, and its second series, *Binge Nation*, is a 'reality' television series in which young adults across the UK are filmed binge-drinking. Specifically, the series reports on groups of young people drinking heavily with friends in towns across the UK – often resulting in incidents with police and paramedics (See Measham and Brain, 2005; Measham, 2008).

Young people's discussions of their own health-related practices in terms of pleasure and freedom, rather than risk, differed sharply from the views of professionals interviewed during the study. Drawing more heavily on dominant health discourses, professionals' accounts tended to frame young people's use of alcohol, and other health-threatening practices, in terms of risks to health.

...I think the risk-taking thing, I work with some young people who actually get such a buzz from the fear and the risk and what might happen, it's not that they're not aware of the risk, but having the risk is part of the buzz. It's like they're getting energy out of what might happen, out of the fear of taking some risks, whether it's drinking or you know unprotected sex or whatever it is (Interview, SEAL [Social and Emotional Aspects of Learning] Coordinator).

...I think in terms of, not just sexual behaviour, just general sort of risky behaviour, if their friends are doing it they'll sometimes follow suit because they want to fit in and that can put them in some quite dangerous situations...(Interview, School Welfare Officer).

Professionals also seemed to view young people's engagement in risky behaviours as evidence of young people's lack of concern for health.

...The majority they don't seem, they're not overly concerned about their health at this present moment of time. 15, 16, a bit younger, um, yeah they smoke, they say they go drinking, but I don't think they care...(Interview, Teaching assistant).

...Generally I get the impression that you're invincible up to a certain age...lots of students I talk to they don't really raise any concerns about their health and well-being...I don't think it's something that comes into their mind...(Interview, PE teacher).

While being with friends was prioritised in young people's discussions of having fun, in contrast the accounts given by professionals stressed young people's lack of self-esteem and confidence and, in particular, their inability to say no to 'peer pressure'. In these accounts, having fun with friends was taken as evidence of how easily young people were influenced by others.

...I think there's an awful amount of peer pressure to do things, they often feel pushed into situations and they don't have the confidence sometimes to protect themselves...(Interview, School Welfare Officer).

...They mix in with the wrong people and it all goes to pot and that's in their education, their social life, their behaviour, their manners and everything. I think the peer pressure has a huge, huge influence (Interview, Head of PSHE [Personal, Social and Health Education]).

In contrast, young people in all groups talked about the respect they received from their friends who were 'always there for them' and offered unconditional support during difficult times. Young people largely dismissed the idea of peer pressure as a negative force by stressing their ability to decide for themselves and speak openly with friends.

Luke: It's like everyone needs a good friend to talk to, like everyone needs to have someone there, because if you don't you won't feel happy, you'll feel alone, but when you have your friends there you feel happy, you feel enlightened and feel you're safe round them and that you can talk to them about anything...(Focus group, Silver group).

Carla: Like they're everything aren't they. I love my friends, they're always there and they make you happy, they respect you and you just chat with them and have a laugh (Individual interview, Bronze group).

In contrast, professionals' accounts, by stressing risks to health, downplayed the value of these friendships and the more social meanings stressed in young people's accounts. Here, the tension between concepts of risk and empowerment within official health discourse indicates different starting points for understanding young people's health. For example, professionals discussed the value of increasing young people's confidence to reduce the effects of peer pressure, but in doing so started from more negative assumptions about what young people *might* do (such as drink or smoke) and sought ways to prevent this. In contrast, young people's accounts point to the value of starting with a more positive conceptualisation of young people and their health based on what they *actually* did do.

According to young people interviewed, these more positive expressions of their health, based on understandings of being happy and having fun, often go unnoticed (or are reframed negatively) by dominant risk-related discourses. Prioritising risks, rather than health, was seen by young people as denying opportunities for promoting a more positive discourse on their health and one which they thought reflected the reality of many young people's everyday lives.

Gina: I think they could be less against us and be more like with us, like say to us that they understand what we're doing and why we're doing it...then they could try and understand us instead of saying to us that's wrong, you can't do that...they take the bad, they don't take the good, like if something bad happens they'll make a big deal out of it, but if they see young people having a good time and having fun they won't take that into account, they won't go 'oh we should do more things like that because it's helping 'em'. They look at that bad and think how we gunna stop that (Individual interview, Gold group).

A refocusing on the possibilities for health in terms of young people's understandings of being happy and having fun, rather than the problems (in terms of potential health risks), raises important questions about the rather linear pathway to health found in many official health promotion discourses. This more positive focus lays the foundations for a more dynamic conceptualisation of empowerment whereby positive understandings of health can be seen not only as a catalyst for empowerment in line with young people's perspectives, but also a product of processes of empowerment themselves.

This part of the discussion has analysed the different ways in which young people sought to have fun as a key element of their health. Specifically, young people's accounts of having fun highlighted the various strategies young people developed to act in accordance with their own frames of reference. These collective strategies enabled young people to take control of, and sometimes subvert, the normal order of the social context – revealing some possibilities for empowerment. However, these possibilities also raise some critical questions about the utility of empowerment for promoting healthy outcomes in line with official health discourses. These findings also raise pertinent implications for the conceptual distinction made between processes and outcomes of empowerment – a point which is further examined in subsequent chapters.

The discussion will now proceed to examine the different ways in which young people's opportunities to have fun were increasingly limited by adult concerns for risk and risk-taking behaviours – a concern featuring in much recent health-related policy (DH, 2004a, DCSF/DH, 2009). Young people's accounts illustrate how these limits potentially

compromised and disorientated their beliefs in themselves. Here, disorientations to a belief in the self can be understood as consequences of young people's experiences of uncertainty in their (social) positioning and point to evidence of their relative lack of power within a given context – presenting some limits to the possibilities for empowerment.

Disorientations to a belief in the self

Young people's accounts did not suggest they saw themselves as especially vulnerable or at risk (in contrast to the image given in professionals' accounts), but they did discuss the levels of pressure they experienced in their lives. Social pressures figured strongly in their accounts and included being under pressure from school and home life, and experiencing pressure through having nothing to do and having nowhere to go. Young people's despondence at the lack of action taken by adults to address these issues undermined their trust in the ability of the school and parents to attend to and take seriously their 'real' concerns. These concerns were not only reported as key sources of stress in young people's lives, but also point to evidence of some young people's experiences of a loss or relative lack of power in particular contexts.

Being under pressure

A number of different forms of pressure were identified by young people in the course of the study, but most stemmed from issues to do with school and home life. Across all groups, the pressure of exams and school work was cited as a common source of stress and was linked to young people's discussions of failure, rather than achievement. However, the level of pressure experienced differed across different groups. For young people in the Gold group, being under pressure was described as a 'need' to succeed. This group discussed their potential success at GCSE level and the implications this may hold for opportunities in further and higher education.

Simon: Sometimes you can feel stressed because I've got a lot of GCSE exams coming up. I can feel very stressed, that's not feeling well, that's not a good thing 'cos you can't have fun with your friends...(Individual interview, Gold group).

Sarah:...With science I'm really quite concerned about that 'cos it's gunna have such a big impact in the future, if I like mess it up now then it kind of messes up everything and there's some subjects which I find that I'm not doing quite so well in and so they're a bit more stressful because generally, I've found that I've coped quite well with all my studies so having that struggle and not having any time is a bit scary really (Individual interview, Gold group).

In contrast, young people in the Bronze group described pressure as arising from their reported expected failure or limited success at GCSE level. This limited success was discussed in relation to more immediate concerns for the (lack of) job opportunities on leaving school. Feelings of failure were reported to 'make you feel down'.

Josh: I think it's gunna be really hard to get a job now and everything because of the GCSEs what we gunna come out, like us lot, we won't get nothing...(Individual interview, Bronze group).

Dean: All the stresses of school come on you.

Researcher: Do you find school quite stressful then?

Dean: Yeah because of like the GCSE build up, it's been quite stressful because you've got a lot to do so it does get on top of you, like me, rather than revise, like in the evenings and weekends, I'll go out so that makes it harder where I should do some revision where I don't, 'cos I'd rather go hang around with my mates...(Individual interview, Bronze group).

Young people discussed how having fun was one way of (positively) offsetting negative feelings, but could, at the same time, result in further feelings of pressure or failure because of time taken away from engagement with school work. The tension arising from being under pressure from coursework and exams affected young people's beliefs in themselves in two main ways. Firstly, the burden and volume of work to be completed limited opportunities for relaxation and to spend time with friends, as much 'free' time had to be spent doing coursework and revising for exams. This was a particular concern for young people in the Gold group who often prioritised their school work over social life.

Rob: I think when you have freedom it's like you don't have pressure on your shoulders like a lot of us do at the moment, we have GCSEs coming up, we have so much pressure on our shoulders, we have to do so much different things, there's not a lot of time we get to spend with our friends, just going out and having a drink or whatever, 'cos we don't have a lot of time to have freedom 'cos you're revising, studying, doing homework (Individual interview, Gold group).

However, despite limits on their freedom, members of the Gold group valued school work for its potential contribution to future (career) opportunities. In these accounts, concern

about the future was seen by some young people as something that made up for any short-term restrictions on having fun. In contrast, members of the Bronze group were aware of their limited prospects on leaving school and felt any imposed restrictions arising from school work denied them freedom to act in line with their own goals. In this way, young people's perspectives on the various limits to having fun created by school work were closely tied to the different opportunities young people felt they had to achieve (often linked to their positioning in the Gold, Silver or Bronze group).

Secondly, for all groups of young people, pressure from school work arose from being told their work was either wrong or not good enough. Frequent criticisms from teachers were seen as undermining young people's confidence to do well and generated fears of failure. Concern about not reaching their potential was also reported by those in the Gold group who, despite being in the top set for many subjects, frequently questioned and doubted their ability to perform well. Similarly, young people in the Silver group reported the stress created by teachers who suggested their work was not good enough.

Michael: Things that happen at school really bring you down 'cos you know you're not gunna achieve and if you're not achieving then it really brings you down.

Andy: Then your parents are mad at you because they think you haven't worked...

Michael: They think it's your fault 'cos you haven't done the work when it's not (Focus group, Gold group).

Sian: Teachers think they're right, but they're not always.

Emily: If you tell like your idea or something sometimes they just knock it out the window and say it's crap or something.

Researcher: Can you give an example?

Emily: Like, if they wanted to do work or watch a video and you say 'oh can we do a poster', they'd be like 'no we're doing this'. They don't even give your idea...

Sian: They think they're the bosses of everything and think they can rule ya and say like you're not like doing good enough and it's like, makes you think bad (Focus group, Silver group).

Young people also spoke of a loss of faith as they were frequently, and often uncritically, assumed to be in the wrong, which made them feel as if everything was their fault.

Teachers would rarely admit when *they* themselves were wrong, and young people rarely had opportunity, or the authority, to question their behaviour.

Lucy: The teachers make you feel like it's your fault and that makes you feel bad.

Researcher: How do they make you feel it's your fault?

Charlotte: We never shut up, you don't listen to us.

Lucy: Yeah and um, we told you this.

Lucy: And when they haven't told you and because they have like that authority above you, you can't really disagree with them (Focus group, Gold group).

Sarah: I don't think that they like to admit they're wrong because we're kids, we're supposed to be the ones that are wrong, they're the supposed to be the ones that are right, they're like the ones that are supposed to have the control and everything...it makes me feel insulted 'cos to be quite honest I don't really do things like that. They lose faith in the whole lot of us. It's not exactly very good for your own self-confidence if no one, if other people don't have faith in you, that's one of the things that does make you lose self-confidence and makes you doubt yourself (Individual interview, Gold group).

In this way, being under pressure did not derive solely from school work itself, but also from reported negative comments about young people's perceived inability to do something (and do something well) which appeared to threaten a positive belief in the self. Whilst many young people commented critically on teachers' lack of faith in their abilities, at times they questioned whether they were indeed capable of succeeding. This again highlights the importance of understanding young people's confidence as relational and underscores the significance of some of the socially located barriers to young people's empowerment, and their experiences of a relative lack of power, especially in the school environment.

Having nothing to do

A second way in which young people's opportunities for fun were limited linked to having little or nothing to do. Across all three groups, young people often discussed the boredom they experienced and were often critical of the town in which they lived. Not only did boredom pose limits to having fun, it was also seen by some young people as prompting them to get into 'trouble' as they created their own opportunities to have fun when there was nothing to do.

Carla: I think young people are quite bored really, like Carwood's⁴⁴ boring, there's nothing to do, especially if you haven't got any money, everything costs so much. I think that's why there's trouble 'cos there's nothing to do, people just hang out in town and the park and cause trouble (Individual interview, Bronze group).

⁴⁴ A pseudonym for the town in which field work was undertaken.

Michael: It's like you're not allowed to have any fun anymore unless you've done all the things you're supposed to do...If you're having a good laugh with your mates, it keeps you out of trouble, it like sort of stops you from going off and being bored and then ending up doing something (Individual interview, Gold group).

While young people discussed how boredom could potentially prompt bad behaviour, reports of 'trouble' were usually linked to the behaviours of risky younger Others and not their own actions. More often, the experience of boredom was linked to reports of having no money which restricted some young people's engagement in activities deemed too expensive, such as bowling or going to the cinema. For some young people, drinking alcohol and smoking cannabis were seen as being more affordable ways of having fun with friends.

Dean: Like a Saturday morning when my mates come round and I've got £20, and then they're all got like fivers and we're like oh lets go bowling and they'll be like can't 'cos we haven't got enough money so we'll just all chip in to buy weed...It's like if I was at my mates and we didn't have any weed, we'd just be bored, we'd still be like having a laugh but we'll be bored, it's just like weed makes everything entertaining (Individual interview, Bronze group).

Aaron: There's nothing else to do and you can go out and get drunk on, like if we had to me and Josh could get pissed on four quid, but if we wanted to go swimming or the cinema, we'd need like a tenner each...(Individual interview, Bronze group).

Despite the limits posed by lack of money, many members of the Gold group had part-time jobs which offered greater (economic) opportunity to participate in a number of paid activities outside of school.

Rob: Personally for me like money's not an option, like when you're out with your friends it might be 'cos some of your mates might not have some money 'cos they don't have a job, but like I have two jobs and I've got my parents there anyway, if I need money...(Individual interview, Gold group).

In contrast to young people's accounts, professionals reported a number of (positive) activities available for young people in the local area and attributed young people's boredom to 'negative attitudes' and a failure to engage in these activities. However, many of these activities were not only seen by young people as being too expensive, but were also seen as being boring.

Emily: They could've made a place for young people to go, we have a youth club but like I didn't find it very amazing, it was quite boring. We went into a computer room and everyone was just sat there and I just thought this is pointless...I was bored; I left after half an hour (Individual interview, Silver group).

Researcher: Why don't people want to go to a youth centre?

Kirsten: 'Cos it's boring really.

Researcher: What is it about it that makes it boring?

Kirsten: It's boring because like you just go there and you chat and it's like what do you chat about? Basically it's just pointless.

Researcher: What would you like to do then?

Kirsten: Well I think, well they do have some things on, I think they have like roller skating, but not many, that don't appeal to many people 'cos they always think, can't see the point in just skating around in a circle all the time...(Individual interview, Silver group).

Since having fun was seen as offering a sense of freedom and meaning, activities that held little or no value were dismissed as 'pointless'. The strong value given to their own creative strategies for having fun often made adult-imposed or controlled activities seem 'boring'. In this way, young people's accounts suggested that it was not purely a lack of

affordable things to do that generated boredom, but a lack of *affordable* and *meaningful* things to do and, crucially, activities they themselves had identified as being fun. Here, the boredom experienced by young people was not simply caused by a lack of activities, but the relative loss of power to define the parameters of enjoyment itself.

Similarly, in the school context, young people often reported feeling bored. In particular, members of the Bronze group often questioned the purpose of lessons and saw little point trying to understand the curriculum. As indicated earlier, teachers viewed these young people's questioning of teachers and boredom as a lack of (positive) engagement and attention to school work. In line with more individualised notions of empowerment, boredom was attributed by teachers to the failings of the individual, as being a negative personality trait implying a lack of concentration and motivation to do well. However, as previously noted, doing well was seen to be an important element of young people's belief in the self; but for those young people who were unlikely to do well at school (as measured in success at GCSEs), the school environment was largely devoid of meaning and was, thus, described as boring.

Researcher: How does school not make you feel good then?
 Aaron: It's boring, I don't see the point of it.
 Researcher: Can you say why it's boring?
 Josh: It's like what my dad said, I think it's true as well, you learn like one thing a week...
 Aaron: That's actually useful.
 Josh: Yeah, that's actually useful, then in college you learn everyday you'll learn something what's useful. School's just like, we're practicing for our GCSEs.
 Researcher: Can you give me an example of something you might learn at college that's useful, and also what you think is boring at school?
 Aaron: Like at college you learn how to do something that's useful at a job, like Jake wants to be a plumber yeah, he goes to college and learns how to be a plumber. At school yeah he's learned nothing that's going help like be a plumber.
 Josh: Just learn English, Maths and Science.
 Aaron: And reciting Shakespeare's first verse of MacBeth isn't going to help him put a brass pipe into something is it? It's stupid...(Focus group, Bronze group).

In contrast, while at times reporting boredom, young people in the Gold group valued school work for its potential contribution to their future. For these young people, doing well at school was seen as important to succeed in later life which compensated for any (short-term) experiences of boredom. Here, young people's accounts of boredom can be seen not as the antithesis to enjoyment and having fun, but an indicator of the degree to which young people felt their lives held meaning. Consequently, having something to do did not alleviate boredom for those young people whose position in life after school was less certain.

Nowhere to go

A third limit on young people's opportunities to have fun appeared in their discussions of having nowhere to go. Young people were often seen to be hanging out in local parks and around the town and attributed this to having little else to do. However, whilst young people's accounts suggested a lack of places to go, 'hanging out' seemed to offer some opportunity to be in contexts relatively free from adult surveillance.

Rob: When you go to your friends party or something, you don't have to worry about anything, you'll have a couple of beers or whatever and then you just sort of dancing away...you've just got a sense of freedom when you're at a party, you can do whatever you want.

Researcher: Okay and why's that sense of freedom important?

Rob: Just because it feels like you can just go out and have fun, just be yourself.

Researcher: Okay, but what is it about having freedom that you feel is good?

Rob: It just feels when you're hanging out with your friends, you sort of forget about the rest of your life, you forget about everything, you can do what you want...and if you couldn't like have space to just, you wouldn't have like a sense of freedom and then you just feel sort of down
(Individual interview, Gold group).

However, the 'freedom' offered by these spaces was limited since hanging out with friends often triggered hostility by the police and public. Across all groups, young people provided numerous examples of times when they had been stopped, questioned and told to move on – a finding discussed further in the subsequent chapter.

Pete: People think we're doing something wrong, we ain't, we're just going out. The police come along and tell us to move on...we've done nothing wrong (Individual interview, Silver group).

Simon: I've been stopped by the police countless times for nothing, all the time, it's annoying, it's stupid. (Individual interview, Gold group).

Similar incidents were given in the accounts of detached youth workers and, at times, witnessed during observations made in field work. The lack of safe, open and well lit spaces was seen by youth workers as an active strategy to curb young people's hanging out in public spaces and a means to tackle anti-social behaviour.

...I think they get moved on quickly, I think the police have had various directives, and I think the whole idea was to move young people on and not let them hang around places which probably is quite difficult for young people to cope with that they've got nowhere, nowhere safe for them to go, and they're not all causing allsorts of trouble....You know it was just some young people hanging around, having fun...they're doing their own thing, they're in their own time, they don't want acts of supervision or someone looking down on them all the time...Things like the ABC⁴⁵ contract, the ASBOs, community beat officers...somewhere along the line they've lost the track that they are just young people, having a laugh. Instead they're being policed quite aggressively, you end up criminalising young people for what would've once been seen as just fun...(Interview, Detached youth worker).

Young people suggested they had to be careful about how and where they had fun, since not only did the police and members of the public automatically assume they were causing trouble, but they also felt that adults perceived having fun as being synonymous with risky

⁴⁵ ABC refers to an Acceptable Behaviour Contract. An ABC is a written agreement between a young person, Local Authority and the police. Under the contract, the young person agrees not to take part in any anti-social behaviour. ASBO refers to an Anti-Social Behaviour Order. An ASBO is a civil order made against a person involved in anti-social behaviour. The individual is often prohibited from public places and their behaviour is restricted and monitored under the Order. ASBOs were first introduced in England by the Crime and Disorder Act (1998). [Online]. Available at: <http://www.legislation.gov.uk/ukpga/1998/37/contents> [Last accessed 15th February 2011].

and anti-social behaviour. Reported concern for anti-social behaviour was seen as regulating the contexts available to young people in which to spend their free time.

Researcher: And why do you think they don't want to listen to people having fun?

Josh: I think they probably think anti-social like, the way we have fun, like say 'oh, you're anti-social, don't like you'.

Researcher: Can you tell me about other things you do to have fun that might be considered anti-social?

Josh: Probably playing football, playing football against a wall and we got done for that quite a bit (Individual interview, Bronze group).

Emily: We use to go up to Treelands⁴⁶, but we're not allowed up there anymore.

Researcher: Why are you not allowed up there?

Emily: 'Cos we're not allowed, 'cos the police said it's private, and 'cos we were too loud and if we get caught up there again, like for 24 hours, for 48 hours sorry, and if we're in there within 48 hours we're gunna get arrested or something because we're too loud (Individual interview, Silver group).

Some support for the link between having fun and perceived anti-social behaviour was also found in the accounts given by professionals. Restrictions on young people's use of open spaces were deemed a positive move towards addressing anti-social behaviour in support of young people's health.

...They're out there on the streets, so they will be in places and areas where the young people are smoking, where they are drinking, where these issues, you know, anti-social behaviour are heightened (Interview, School Welfare Officer).

⁴⁶ A pseudonym for a local housing area.

...Every single child should have an activity that they're involved with and committed to, their life should not just be about hanging out on the streets. I think in order to be healthy, being at home with their computer consoles or their television, whatever it is they're doing, hanging around in the streets, I don't know if that would keep anyone terribly well for terribly long, so a young person in my view should have something that's more than school or hanging around in the streets and getting involved in drugs and alcohol or anti-social behaviour (Interview, School Senior Management).

However, young people themselves viewed such restrictions, not as supportive of their health, but as compromising their freedom to act. Adult-imposed limits on young people's freedom ran contrary to the discourse of health found in young people's accounts (which stressed being happy and having fun), thereby negatively affecting their self belief. In this way, young people from all groups discussed how efforts to (re)move young people from public places were indicators of adults' lack of true concern for their health.

Emily: They're not interested, it's not like they're concentrating on us these days, it's not like they want us to feel good about ourselves, they want us to feel bad about ourselves, so they keep getting the police involved and getting us in trouble...(Individual interview, Silver group).

Gina:...They don't act like they care even though they like make a big deal out of young people, it's more for their own benefit than it is for ours. Like they're keeping young people off the streets so people don't get irritated, not for our health, they're not thinking that's affecting them in anyway, they're just thinking it's affecting other people, they don't think about us...the fact they don't do enough, the government themselves just don't really make a big deal out of how to make young people happy, they do it of more how to get them off the streets, they don't think about the happiness in particular, just how to get rid of them really...they're trying to get rid of us, like when they hear young people go out on the streets, it's immediately think they're doing stuff, something's wrong. But when I go out I don't cause any trouble, I don't bother people, I'm just trying to be happy and have fun with my friends...(Individual interview, Gold group).

This part of the discussion has examined the different ways in which young people's opportunities to have fun were limited. Young people's accounts illustrate how various social pressures arising from school work, and having nothing to do and nowhere to go, compromised and disorientated their beliefs in themselves – pointing to some evidence of their relative loss of power within particular social contexts. Of importance was the idea that adults did not take these concerns seriously enough which added to the pressure many young people felt and experienced.

Chapter summary

This chapter has analysed young people's understandings of health in line with their own frames of reference. Two key themes emerged from young people's accounts: being happy and having fun. These themes have been analysed for their implications for a more emic conceptualisation of young people's health and empowerment. Young people's definitions of being happy highlighted a tendency to describe their health in positive terms, often linking it to the importance of developing a positive belief in the self. Examining young people's discussions of a positive self belief highlighted the various (social) factors that made them feel happy which included: *knowing I can do something, looking good and talking to others*.

These findings highlight a number of crucial contextual, rather than individual, prerequisites for empowerment. Young people's discussions of having fun similarly

pointed to their preference for more positive expressions of health and highlighted the different strategies young people developed to act in accordance with their own frames of reference. These collective strategies enabled young people to take control of, and sometime subvert, the normal social order – revealing some possibilities for collective forms of empowerment. Examining young people's accounts of having fun, however, also raised important questions about whether empowerment promotes positive health outcomes in line with official health discourses and highlighted some possible unintended outcomes arising from processes of empowerment. These unintended consequences raise further questions about the distinction made between processes and outcomes of empowerment in the existing literature – an important point discussed further in subsequent chapters.

Overall, this chapter has argued that young people's accounts points to the possibility of a more positive discourse of health, revealing some counter-hegemonic tendencies. The operation of this alternative discourse was, however, marginalised in contexts that downplayed young people's own frames of reference, such as the school environment. Building on the themes explored here, the chapter that follows examines how young people's accounts of 'not feeling well' were also closely tied to contextual factors and particular conceptions of power.

Chapter Five

Not feeling well: Being judged and misunderstood

Earlier chapters have argued that current uses of the concept of empowerment often fail to acknowledge the effects of power that unpin the possibilities for, and limitations of, empowerment. Much of this literature also downplays the profoundly social aspects of young people's health and their health-related practices which, as previously suggested, are critical to understanding concepts of health and empowerment.

In the preceding chapter these social aspects of health, in particular young people's relationships with others, were analysed in line with their accounts of feeling well. The present chapter examines how young people's accounts of 'not feeling well' were also closely tied to contextual factors and underpinned by concepts of power. Specifically, this chapter takes forward the relational understandings of young people's health and how these can be linked to different understandings of power – *power to*, *power over*, *power through*.

The analysis that follows also brings to the fore some of the structural and contextual factors young people themselves saw as adversely affecting their health, centred around the main theme: 'being judged'. Examining the various ways young people felt judged by others not only revealed the different priorities young people held for their own health, but also highlighted some further possibilities for, and tensions within, the concept of empowerment.

Being judged

Across all groups of young people involved in the study, accounts of ‘not feeling well’ were closely linked to young people’s reports of being judged by others including their peers, adults and society more generally. These judgements were felt to compromise the potential for a more positive understanding of young people and their health and often differed from many of the priorities set out in official health discourses.

Researcher: What things might stop you from feeling well?

Carl: Stereotyping.

Researcher: Ok, can you say a bit more about that?

Carl: Teenagers are labelled tracksuit wearing, knife carrying chavs, emos, who take drugs, drink, smoke....

Researcher: And how does that impact on you then?

Carl: It makes you feel down ‘cos I’m not like that, but I get labelled it, it’s really not nice (Individual interview, Gold group).

Researcher: What does not feeling well mean to you?

Michael: When people like think of us, like degrading us, like if someone’s saying stuff about you that can put you down. That has a massive impact on me, when I feel like everyone’s judging me.

Researcher: Can you say a bit more about the impact on you?

Michael: It just makes you feel low, it’s like, I just wanna do nothing in life (Individual interview, Gold group).

Discussions of being judged were found to dominate a number of accounts as young people drew repeated reference to how they were often misrepresented by others – in particular, by adults. These misunderstandings of young people were found to affect their own health, as young people frequently discussed the effects of being judged on their positive beliefs in themselves.

Luke: They judge us because they think we'll do something bad or they think we'll do something stupid and so they judge us, even when we're just standing there, adults give you a dirty look because they think you're gunna do something or you're a miscreant (Individual interview, Silver group).

Rob: I feel judged, as teenagers we're judged by everyone, they stereotype us, they're a teenager, they're doing summat wrong (Individual interview, Gold group).

Lucy: It makes you unhappy, it makes you feel as if you're a bit worthless, you're just like why should I bother if all they think of me is that. It does make you feel bad (Individual interview, Gold group).

Young and dumb

Young people's accounts of being judged suggested that 'being young' was seen by many adults as synonymous with 'being dumb'. Across all groups, young people talked about how adults treated them as if they were thick, stupid and immature on the basis of their age alone. At school, comments made by teachers often drew attention to young people's lack of knowledge, maturity and ability to understand and follow instructions.

...The teacher continues to emphasise that there are only eight weeks until the exam. She insists they must work and tells them to "stop being so infantile and immature"... (Field note, English lesson; Silver group).

Observations in the school setting seemed to reflect wider social norms about young people's perceived developing competencies and capacities (James and Prout, 1997). In particular, interactions between members of staff and students indicated that the former often drew upon dominant developmental and protectionist discourses – making frequent reference to young people's (lack of) maturity. Respondents described how teachers (and

at times parents) suggested young people were largely incapable and untrustworthy on the basis of their non-adult status. These assumptions were seen by young people in this study as restricting their opportunities and *power to* decide and act for themselves. Young people described how many of their views and suggestions went unnoticed, or were negatively sanctioned, because of (adult) assumptions about their perceived maturity and capacity to act responsibly.

Josh: They think we're too young, they all think you're thick. I think 'cos we're young they think we're we don't know stuff, that it won't get stuck in our head, but it does (Individual interview, Bronze group).

Gina: I think people just think that when people are younger that they can't make decisions and they're not old enough to decide for themselves and have their own opinions because they're not mature enough yet to make their own decisions. I think it's just summat that people are accustomed to, thinking that young children can't go beyond a certain point of thinking so they just believe that if a child has an opinion it shouldn't be heard (Individual interview, Gold group).

Some young people appeared to buy into these developmental discourses when describing themselves. At times young people in the Bronze group, and some members of the Silver group, described themselves as being 'thick' and 'stupid'. In particular, members of the Bronze group made repeated references to being 'dumb', 'picked on' and not listened to because they felt they were deemed incapable of handling academic requirements or making (positive) decisions for themselves. Drawing upon comments made by teachers, parents and peers, members of the Bronze group were often critical of their abilities to do well and largely dismissed their potential to succeed.

...Sonya quickly gets annoyed and upset because she hasn't heard back from the college. She seems convinced that she won't get accepted and begins to tell me how everyone in her life has put her down by calling her 'stupid', 'thick' and a 'retard'... "I'm just a retard so what's the point? If people tell you something often enough you start thinking and believing it, I've got no confidence..." She is close to tears as she continues to tell me about how her parents, brother and teachers put her down for being 'thick'...As we talk, Kelly tells me that her mum and dad always say she's stupid and worthless. Even the teacher called her Kelly 'useless' today...(Field note, English lesson, Bronze group).

Arguably, these self-criticisms could be seen to provide some support for promoting the (individualised) forms of empowerment that seek to increase young people's self-esteem and confidence. However, despite often doubting their individual abilities, at other times these same young people showed considerable insight into the various structural factors (and specifically the school cohort system) that seemed to deny young people opportunities to show what they could do. These discussions pointed to the ways in which some young people's *power to act* were limited by social context, rather than any individual deficit in self-esteem and confidence.

Kelly: Well to me, I reckon they think we're dumb...but they make us sound like that 'cos they put us in this half, it's like the way they've done it now it's making us think we're all dumb basically...(Individual interview, Bronze group).

As Kelly's account suggests, the school's cohort system was linked to wider developmental norms about young people's capabilities. This positioning of young people according to their abilities not only demonstrated to respondents that they were largely seen to be incapable and incompetent, but was also believed by them to limit their

opportunities to show their abilities and prove otherwise. Young people from the Bronze group in particular were highly critical of the cohort system and for what they saw as the positive and preferential treatment of the Gold group.

Kelly: They all pick on the V⁴⁷ half basically; they have more respect for the S half than they do us.

Sonya: Yeah, because the V half get well told off if we like have a fight and the S half still fight and they [teachers] didn't even do anything. It's 'cos they think we're dumb basically (Focus group, Bronze group).

Kelly: They think that we're like dirty trash basically; they've just thrown us away because we're down on grades. But it's not our fault why we're thinking like it, it's basically their fault 'cos of what they've, they should have let people done all choices what they've thought had been right (Individual interview, Bronze group).

These young people's reports of the perceived preferential treatment received by young people in the Gold group were not, however, confirmed by accounts given by members of this latter group, who similarly described how they felt they were judged as being immature, stupid and incapable of making (positive) decisions for themselves. In this way, whilst young people felt there were differences between the groups, a commonality of perspectives was observed. Here, the school system seemed to create a potential barrier to more collective forms of empowerment as young people were relatively unaware of the close synergies in their perspectives and, in particular, the social conditions they mutually felt positioned them as being relatively powerless to act within the school context.

⁴⁷ 'V half' refers to the Vocational cohort which includes both the Silver and Bronze groups. The 'S half' refers to the Standard cohort and those young people in the Gold group.

The marginalised (social) positioning experienced by those in the Bronze group not only signalled these young people's awareness of their relative lack of *power to act* in the school context, but also pointed to evidence of their (critical) engagement with the exclusionary effects of power and, specifically, the impact this exclusion had on their own belief in the self. Despite such insights, this awareness was not seen to trigger the forms of critical action that might prefigure collective forms of empowerment. Instead, young people in this group suggested there was little point in trying to challenge teachers' perspectives of them.

Examples of 'giving up' often played out as flouting school rules, such as turning up to lessons late or skiving, wearing incorrect uniform, smoking, swearing, eating, drinking and using mobile phones during lessons. These examples of their apparent disregard for school rules, however, seemed to confirm teachers' low expectations of the Bronze group and supported beliefs about their inherent lack of ability to act maturely and responsibly. In this way, young people's resistance to the school environment (as a possible starting point for empowerment) can be seen to have the (unintended) effect of supporting and reinforcing discourses which positioned young people as being incapable of acting responsibly – which in turn set further limits to possibilities for empowerment.

...The (PE) teacher comments on "being amazed they've turned up" and does not expect them to have their kit too, "That would be asking too much"...He tells me how they have no regard for what they are supposed to be doing and need to be more responsible for themselves instead of "messaging about all the time"... (Field note, PE lesson, Bronze group).

In contrast to the (negative) accounts given by members of the Bronze and Silver groups, teachers and other school staff often commented on the more positive possibilities the cohort system facilitated, such as ensuring ‘appropriate’ support was offered to the different groups. As teachers and professionals working in the school understood the cohort system as a positive structure, they read the Bronze group’s (dis)engagement as evidence of their individual failure to know what was best for them. On the basis of these perceived individual failings, school staff often advised that I should not expect much, if anything, from these students during field work.

...The teacher tells me it is a waste of time coming into the lesson as no one does anything, “these students are the lowest end of low and I’m just here for crowd control and to manage things”. The teacher does not give them any work and there seems to be nothing set for the lesson...the students just play on the internet (Field note, IT lesson, Bronze group).

Observations made during field work offered powerful counter-evidence to these (low) expectations of young people. During some lessons, members of the Bronze and Silver groups were seen to produce extensive amounts of written work and participated in discussions on topical concerns, such as issues arising from Government policy or the controversial media reporting of the death of the well known celebrity, Jade Goody⁴⁸. Furthermore, despite many comments from teachers about some groups’ sustained disregard for school rules, at times, rules appeared to be observed.

⁴⁸ Jade Goody appeared on the Channel Four reality television series *Big Brother* in 2002. Following this first television appearance, Jade appeared on a number of shows. Her personal life, along with her actions on television, was often reported (and criticised) in the British tabloid media. Her death from cervical cancer in 2009 sparked debate about her life and was a central ‘news’ feature reported in the media at that time.

Young people's accounts of their personal lives also offered important examples of the ways in which young people challenged the idea that they were immature and irresponsible. These accounts provided evidence of how young people's *power to act* was not a direct consequence of individual (in)ability, but set within a social context that either impeded or facilitated opportunity to demonstrate such an ability. For instance, the personal circumstances and home lives of some young people revealed insights into their capabilities to self-manage very challenging situations. These circumstances included dealing with the complexities of absent parental figures, families with drug and alcohol dependency issues, and parental involvement with police and social services. In contrast to being seen as immature and irresponsible, the caring responsibilities placed on these young people could be argued to demonstrate their ability to act as mature and responsible beings as they took on, and dealt with, a number of particularly demanding personal circumstances.

For example, Kelly – a girl from the Bronze group – described the responsibilities she had at home which included caring for both her parents who had drug and alcohol dependency issues, in addition to looking after her five younger siblings. Managing these responsibilities, whilst trying to meet the demands set by the school, was seen by Kelly as a testament to her personal strength to manage not only her own life, but those of others. However, in the school context, Kelly's contributions, and those made by other young people, to the lives of their families were largely unknown or unrecognised.

Kelly: I look after people, like my dad and my brother... That's why I find it hard to do homework at home and teachers telling me off saying I'm not doing this, I'm not doing that, but if they lived in that house for a week they wouldn't last there for that long (Individual interview, Bronze group).

Further evidence of young people's resistance to dominant developmental perspectives was also seen in accounts given by respondents from the Gold group. Members of the Gold group often dismissed judgements made about their maturity and abilities as an inaccurate portrayal of who they were, and provided examples of their capabilities to act for themselves. For example, these young people drew reference to their achievements in coursework, examinations and sporting activities. In part, the Gold group's ability to dismiss the relevance of these assumptions and offer counter examples, seemed to be tied to the greater opportunities this group had to achieve and receive positive encouragement. These achievements had the effect of both affirming their positive beliefs in themselves (as seen in the previous chapter) and providing them with the necessary evidence to challenge and refute assumptions made about their limited capabilities.

Luke: We are old enough to look after ourselves, we know what's right and wrong, but what our parents see are we're still young, in our parents' eyes we will always be younger, we will always be childish (Individual interview, Silver group).

Charlotte: I just think that everyone deserves a chance to be known for who they are and not be taken for something they could be. I think we're instantly judged and stereotyped and told we can't do anything, but they should look at what we do and can do (Individual interview, Gold group).

Examining young people's resistance to the assumptions made about their lack of ability and maturity to act responsibly revealed how young people's relative *power to act* can be

understood not as an individual deficit, but as a product of a social context, and in particular a school system, that appeared to reflect and reproduce wider social norms about young people's (in)capabilities. Here, the starting point for forms of psychological or individualised notions of empowerment is not located within the development of young people's (deficient) personalities, but must begin with an analysis of the operation and effects of *power through* dominant (developmental) discourses that (re)produce (disempowering) structures and set limits to some young people's opportunities to demonstrate their *power to* act in the school context. A refocusing on what young people can do, rather than what they are deemed incapable of doing, underscored the value young people gave to being recognised for their achievements and contributions. Subsequent chapters examine how this more positive discourse may serve as a key starting point for challenging dominant power relations that young people themselves saw as adversely affecting their health.

Despite young people's frequent criticisms of being judged as relatively immature and incapable, comments made by some teachers provided some alternative perspectives to young people's accounts. These perspectives are examined here for their contribution to understanding how young people's resistance to judgements made about their (lack of) ability revealed some important tensions for understanding the possibilities for empowerment.

In the school environment, individual discussions with staff pointed to the possibilities for a more positive view of young people as they underscored opportunities for respondents to

make personal choices. Here, these less frequent, but potentially more positive, examples illustrated the operation of a co-existing (and competing) discourse about young people and their abilities to act. In contrast to the accounts provided by young people, at times teachers were seen to encourage young people to make informed and responsible decisions – particularly with respect to their behaviours and health-related practices.

I think because as they're getting older they have more freedom to make their own choices about their lifestyle, I think that's when they start to have to make decisions for themselves with things like substance misuse or sexual health, they'll start focusing more on their choices (Interview, Learning Mentor).

However, this discourse of 'choice' often presented itself as a contradiction to young people who pointed to examples of times when they were asked to be more 'adult like' and act responsibly, but then denied opportunities to do so because they were considered to be too young and immature. Young people frequently discussed times when they felt they had to make important decisions about their future, but were then told by teachers and parents they were not old enough to make decisions about what they could do in their own time.

These restrictions were seen to be guided by protectionist concerns, as accounts given by adults suggested young people were likely to make decisions that would contravene their best interests. Here, notions of empowerment at the first dimension of power as the *power to act* were seen to be shaped by the ideological effects and operation of *power through*

dominant discourses which come to define what young people are considered capable of doing.

Sarah: We're kids and why can't we just be kids? It's like they tell us not to grow up too fast and we can't do stuff, but then they try and make us grow up by like saying you've gotta be more mature. It's like they're contradicting themselves.

Researcher: So how are they telling you not to grow up too fast?

Sarah: With most of our parents we're not supposed to be growing up too fast, but then, in another direction we've got all the teachers saying we've gotta chase our A-levels, we've gotta think about what we wanna be when we're older, but we're supposed to still be kids and they won't let us do anything. It's just so confusing; they just contradict themselves all the time (Individual interview, Gold group).

This contradiction was not only challenged in young people's discussions of their abilities to make positive decisions for themselves, but was also heavily criticised as evidence of adult hypocrisy. Young people often pointed to the discrepancies between what adults said they did and what they were seen to do.

...Zara and Lizzie told me they saw some of the teachers smoking at lunchtime. When the teachers saw the students the teachers replied, "we won't tell if you don't". Zara and Lizzie found this funny as they were allowed to be off school site at lunchtime, but told me how the teachers would be in a lot of trouble if they did say anything. They criticised the teachers for being, "so hypocritical"... (Field note, after school, Gold group).

Concern about adult hypocrisy was further evident in the contradictory messages relayed in health education sessions, which often prioritised notions of informed choice and individual responsibility. In the school environment the promotion of choice-based

discourses existed in competition with the view that young people are largely incapable of making informed decisions for themselves. As evidenced in the previous chapter, young people's 'inability' to make positive choices was seen by many adults to be as a consequence of their susceptibility to 'peer pressure' which, in turn, confirmed normative assumptions about their immaturity.

These contradictory and competing discourses have a number of implications for empowerment, young people and health. Young people's accounts of the developmental discourses that define and position them as largely 'incapable' exist in some tension with official health promotion discourses that promote the idea of a rational autonomous being. In their efforts to display their capabilities and resist judgements made about being 'young and dumb', young people's accounts often revealed how they themselves drew on notions of choice. Here, young people's discussions on a range of (health) issues highlighted the importance of choice in relation to their health-related practices. Indeed, young people often demonstrated their knowledge of, rather than their ignorance about, the implications of taking up health-related practices deemed harmful to their health.

Aaron: I think I should be able to make my own choices about drinking and smoking and sex, should be my decision, 'cos who else's business is it really if I wanna smoke, it's me, it's harming my body. If I wanna smoke weed, I'm not making other people do it with me, it's their choice if they wanna do it...(Individual interview, Bronze group).

Claire: You should have the decision yourself rather than somebody saying...there are smokers but they know the risks, if they still wanna do that then let them (Individual interview, Gold group).

Although young people's preference for the notion of choice appeared to challenge developmental discourses about their lack of maturity and capabilities, this resistance came at the expense of acting against official health promotion messages that stipulate people should largely abstain from 'health-threatening' practices. Whilst teachers and adults more generally seemed to view young people's resistance to health promotion as evidence of a lack of maturity and ability to make informed healthy decisions (thereby confirming the message of the competing developmental discourse); young people's accounts of acting contrary to official health discourses stressed their ability to make healthy decisions according to their own frames of reference (i.e. by resisting the judgement they saw as negatively affecting their health).

Young people's accounts of the choices they make regarding their health-related practices could be seen as an expression of their empowerment and *power to* act against adult opinion as they actively resist the judgements made about their maturity and capabilities. In this way, judgements made about young people's immaturity and incapacities to act responsibly may motivate young people's 'choice' to act against adult judgement. Far from being incapable, young people's accounts suggested how engaging in risky health-related practices offered some young people opportunity to display their *power to* make informed decisions according to their own frames of reference and critically, by doing so, attempted to challenge *power through* dominant developmental discourses that define young people as incapable and immature.

Examining young people's resistance to these dominant developmental discourses highlights some of the unintended consequences of young people's empowerment. These unintended consequences, in turn, can be seen to reinforce the very impetus for empowerment as evidence of young people's *power to* make health related choices and resist health promotion messages may trigger a further 'need' to empower young people in order to reduce risks to health stemming from their health-related practices.

Discussion so far has examined how young people's accounts of being judged were linked to assumptions about their lack of knowledge and maturity and had negative effects for some young people's positive belief in the self. As argued in the previous chapter, young people's beliefs in themselves were intimately linked to their understandings of health. Judgements made on the basis of their maturity and responsibility led many young people to feel they were often deemed incapable of making (positive) decisions for themselves and were often excluded and denied choice as a consequence. Examining young people's accounts of being judged revealed two competing discourses which shaped the possibilities for empowerment. Evidence of resistance to, but also assimilation of, these competing discourses highlighted some young people's *power to* act but, in doing so, was also seen to reinforce the consequences of *power through* discourses. Here, young people's health-related practices confirmed adult perspectives of young people's (lack of) ability to make (positive) decisions about their health according to dominant health discourses.

It's the way you look

A second way in which young people experienced being judged emerged in their discussions about appearance. As highlighted in the previous chapter, young people attached great importance to looking good as a key element of their health. However, just as looking good was seen as central to feeling good, young people described how being judged negatively for their appearance made them feel bad.

Josh: It's just appearance, like first impression, that's basically *you*, then they're thinking oh he's gunna do this and do that (Individual interview, Bronze group).

Aaron: The only people I don't feel stereotyped by are people who look like me. I think it is something to do with the way you look (Individual interview, Bronze group).

Charlotte: Like if someone made a snide remark about the way you look, that can really get to me...because I've had like people say stuff about me and you know, it's like difficult to be friends with them because they just look at what you look like and not who you are...(Individual interview, Gold group).

Some important differences were seen in the accounts given by boys and those given by the girls. These differences are examined separately here to indicate the ways in which young people's appearance were defined and regulated according to dominant gender ideologies. Contradictory evidence in the accounts of resistance to, but also assimilation of, these dominant gendered discourses points to some possibilities for empowerment, but also highlights how too overt a form of resistance can potentially threaten young people's positive beliefs in themselves.

Being judged by virtue of their appearance was a recurrent theme and concern for girls in all groups. Young women discussed how keeping up with the latest fashion enabled them to fit in with peers, but also made these girls feel attractive to boys. Some important differences between cohort groups were seen which highlight the significant ways in which structural inequalities open up or limit possibilities for empowerment. These differences indicated how some girls (particularly those in the Bronze group) appeared to have less opportunity to fit in with their peers as judgements about their appearance acted as a further exclusionary device, denigrating them and their appearances as 'unattractive' and 'unpopular'.

Kelly: You know like we're in the dumb half, they [Gold group] get all bought all their clothes, it's all about the styles they wear, the clothes. They judge people by what they look...Like a person judges you just like that and then when you get judged that's when it just lowers you down. It's like when you come to school people look at you and pick on you, you've got a different make of trainers, you've got a different make of clothes. People shouldn't judge, everyone's like, 'oh, why you wearing the cheap stuff', but then like they're wearing the expensive stuff and then they judge you (Individual interview, Bronze group).

Judgements about young women's clothing were frequently described in terms of 'cheap or expensive stuff'. Social value was ascribed to girls who closely followed the latest (designer) fashion, hair and make-up. As evidenced earlier (see p. 120-122), adopting these appearances enabled some girls to develop a more positive self belief and fit in with others, as their appearances (and assumed related gendered identities) were seen as being more attractive. However, young women in the Bronze group (and some girls in the Silver group), described having less (economic) opportunity to access and adopt these more

expensive (gendered) appearances – often suggesting that other girls (such as those in the Gold group) could buy the types of clothes socially desired by all girls. As a consequence, girls in both the Silver and Bronze groups were typically excluded by others, but also excluded themselves, from particular social contexts on the grounds of having nothing to wear.

Researcher: Can you say a bit more about how the reaction from other girls makes you feel?

Kirsten: Well you feel less happy, you feel like you're worthless.

Hayley: Because a lot of girls they are sort of classed, like down-graded.

Researcher: What do you mean by down-graded?

Hayley: Meaning they can't go out, like buy anything that's just come out on to the market. They can't go out and buy the top brand make-up, they can't afford all of that, so it means you've got some girls who it's actually quite intimidating for those who can't have that and haven't got anything (Focus group, Silver group).

Here, the accounts from girls in both the Silver and Bronze groups of having nothing to wear were more closely linked to having nothing 'acceptable' to wear. Lack of money was not only seen to restrict opportunities to fit in with peer groups, but also restricted their engagement with social events as they believed they would be open to criticism based on their (unacceptable) appearances. Reported judgements made about the appearances of girls in the Bronze and Silver groups appeared to 'fix' these young women into a more marginalised social position (reinforced by their cohort grouping) as their 'cheap' appearances defined their identities as largely 'worthless', with negative effects on their beliefs in themselves.

Carla: I don't like what people say about me, it's not very nice and I pretend it doesn't bother me, when really it does, it makes me feel really quite bad (Individual interview, Bronze group).

Accounts given by girls in the Silver group provided further evidence for the link between lack of money and assessment of young women's appearances as a mark of their acceptable and non-acceptable social identities. These parallel accounts also reveal how the boundaries created by girls' (economic and gendered) appearances acted as a form of social exclusion and were used to draw (social) distinctions between different groups of girls – rendering them, and their identities, as either worthy or worthless. The social comparisons made about other young women's appearances indicated the way in which girls themselves, rather hypocritically, judged others by their appearances.

Kirsten: There is a lot of bitchiness. I try to avoid it but every girl bitches.
Researcher: And what are they doing when you say they're bitching?
Kirsten: If say you're friends with someone who isn't, she's not got much money and they just tend to like say 'oh she's scruffy' and like 'why you friends with her?' ... 'cos it's appearance.
Researcher: Can you say a bit more about that?
Kirsten: I've got a friend, she has her own style, she doesn't follow the fashion and because of that they don't like me or my friend, I know it's stupid 'cos we're different and we're freaks apparently (Individual interview, Silver group).

For these girls, possibilities for empowerment were not only shaped in relation to their positioning amongst peers, but were also influenced by financial means which limited, and even denied, some girls' opportunities to negotiate valued (and potentially more empowered) social positions. Denigration of girls whose appearances did not match up to expected standards not only rendered them relatively powerless to act within a given social

context, but also had a detrimental effect on their belief in themselves, which in turn limited the possibilities for more positive expressions of health.

In contrast to concerns about being ‘being looked down upon’ and defined as ‘poor’ among members of the Silver and Bronze groups, there was little evidence of similar worries raised by those in the Gold group. Young people in the Gold group were often perceived by members of the Silver and Bronze groups as coming from relatively wealthy backgrounds. Whilst variations existed within the Gold group, many girls in this group were seen to wear more expensive clothing and paid particular attention to the careful co-ordination of hair, make-up and accessories. At times, some of these girls seemed to invest considerable time and money into their appearances. Events such as 16th birthday parties and the school prom were heavily dominated by discussions about what they and others would be wearing.

...The girls appeared very dressed up, it took several moments for me to recognise some of them – long flowing dresses, high heels, hair curled or pinned up, copious amounts of make-up and fake tan...(Field note, school prom).

Being seen as and feeling attractive was also a key concern for girls in the Gold group. Being perceived as attractive contributed to the girls’ (social) positioning which enabled them to negotiate interactions with others – in particular, their relationships with peers. Accounts showed how aligning their appearances with women deemed sexy, attractive and popular in the media promoted social acceptance for these girls, but also affirmed their positive beliefs in themselves. Here, these girls’ close alignment with particular modes of

femininity could be seen as an indicator of empowerment as girls described how their appearances enabled them to assert themselves within particular social contexts – contributing to feelings of happiness.

Lisa: I like it when you go out, getting ready and getting all dressed up and doing like my hair and make-up. It just makes you feel good, you know if you think you look good and have nice clothes and that, and then you go out and just meet people and have a laugh and that, you just feel more confident and happy (Individual interview, Gold group).

However, possibilities for empowerment by conforming to, rather than resisting, a particular form of dominant femininity also had the effect of reducing the social value of other young women's appearances. For some girls who dressed differently from the highly desired images of femininity in popular media, their alternative styles of dress left them open to judgement, bitchiness and potential exclusion from peer groups. This reported bitchiness was often linked to girls' discussions of not feeling well, and pointed to some of the pressures experienced by girls to look good as a mark of their popularity and success within peer groups.

Researcher: We talked about not feeling well and you said 'people knocking your confidence'. Can you say a bit more about that?

Melissa: Like stuff people say, like if you're wearing some jeans that didn't fit you properly and people are like 'your jeans are a bit tight for you', it makes you feel bad, or when they say your hair makes you look pretty rough today. Girls are really bitchy...Like, if there's a certain fashion and someone's not wearing that certain fashion there can be a lot of bitchiness (Individual interview, Silver group).

Whilst highly critical of 'bitchiness', the girls themselves often talked about the appearances of others in these more negative ways. At times, the girls' (negative) discussions about others' appearances were seen to project and reproduce the very judgements they so heavily criticised in their own accounts.

The girls comment on what others are wearing and look people up and down. Some of the comments seem quite harsh and critical. Charlotte arrives and Yasmin shouts "oh my god what does Charlotte look like, that dress is shocking"...(Field note, Friday evening, 16th birthday party).

Here, the judgements made about girls' appearances acted as a form of self and peer surveillance, whereby acceptable and non-acceptable styles of dress were continuously scrutinised and regulated. This surveillance was heightened by attention from boys which often brought about marked changes in some girls' appearance.

... At the end of the lesson Sonya gets changed. She tells me about Dean looking at her bum in Science. She puts on a vest top and smiles at me; it seems quite obvious she is getting changed for Dean. As she leaves she runs passed me and says "I don't care if he sees"...During registration Sonya is smiling and seems excited. For the first time, she is wearing a skirt to school, has a hair down and is wearing make-up...(Field notes, Bronze group).

In this example, and similar accounts, awareness and desire for the male gaze appeared to strengthen some girls' conformity to dominant images of femininity. Here, these changes to their appearances were seen to affirm some girls' beliefs in themselves but, in doing so, these potential expressions of empowerment played into (and reproduced) dominant gender ideologies. However, young women's role in the reproduction of these gender ideologies

was not always seen as negative since aligning with existing power relations enabled them to promote their health according to their own frames of reference. Whilst evidence of resistance to these dominant modes of appearance, through some girls' adoption of alternative styles of dress, can be also seen as an expression of empowerment (as they acted against the operation of *power through* these dominant gendered discourses), the resulting bitchiness stemming from such resistance had the effect of marginalising some girls' (particularly those in the Bronze and Silver groups) social positioning within mainstream peer groups. This marginalisation stemming from individual forms of empowerment negatively affected some girls' reports of being happy and questions whether such individual empowerment promotes health.

In contrast to accounts given by the girls, the perspectives of teachers and other professionals tended to link some young women's appearances with a girl's perceived promiscuity. Drawing on dominant health discourses, these perspectives were linked to more widespread concern about young people's sexual health and 'risk' of teenage pregnancy. Here, concerns about teenage pregnancy were seen to be linked to discussions of girls' (sexualised) appearances, rather than their actual sexual practices.

One of the girls came into the medical room saying she did not feel well. Diane [school medical officer] asked whether she had had anything to eat or drink this morning and then proceeded to ask if she might be pregnant...The girl was visibly embarrassed and dismissed the question as ridiculous...Diane continues by suggesting her skirt is too short and tight...she advises her to wear a long skirt or trousers to help make her feel better and also to avoid sending out "the wrong message to the boys"...(Field note, school medical room).

...My attitude [to young people's health] would be don't go near drugs, don't go and put yourself in these risky contexts, try not to have too much underage sex, not too many random men girls please...(Interview, Head of Student Services).

For many professionals, some girls' (over) feminised appearances seemed to provide evidence of a girl's actual or potential promiscuity and risk for teenage pregnancy. Whilst girls more readily discussed their appearances in relation to following the latest fashions, professionals linked these appearances to concern about perceived 'sluttish' behaviours. Negotiating the fine balance between acceptable (attractive and worthy) and non-acceptable (non-attractive and worthless, or over-sexualised) appearances, placed girls' possibilities for empowerment in a contradictory position.

These gendered dimensions of young women's appearances illustrate the contradictory elements of young women's empowerment. Empowerment for young women took place in contexts heavily defined by dominant gender norms which placed many girls in a contradictory and potentially vulnerable position. The pressure stemming from the intense (self and peer) regulation of some girls' (feminised) appearances had profound implications for their positive beliefs in themselves and pointed to an important area in which challenges to young women's health were continuously negotiated and potentially threatened by the operation of dominant (economic and gendered) power relations.

Evidence of boys' concern about being judged by their appearances was also seen in their accounts of not feeling well. Boys in all groups often discussed times when they felt judged as being 'anti-social' by virtue of wearing hooded sports tops (hoodies), tracksuits

(trackies), and flat peaks. Their accounts similarly illustrated how judgements made about their appearances were closely tied to concerns about their (social) positioning amongst peers. These judgements were felt to represent an important challenge to the boys' health, according to their own frames of reference, and were further seen to shape the possibilities for their empowerment.

Pete: It's like elderly people they look at you and they just think 'pwoof'...They just judge you by the way you look.

Researcher: And what is it about the way you look?

Pete: Flat peak, trainers, trackies. Like a chav, they just think you're one of them.

Researcher: What is it you mean by 'one of them'?

Pete: Well like one of those that stand round on corners, spitting at people, throwing things...most elderly people think you're all bad, you go out with knives, you do gun crimes.

Researcher: Why do you think they think that about you?

Pete: Because they see us walking around the streets, with hoodies on, we're not bad people, we're just good people, it's like don't judge a book by it's cover (Individual interview, Silver group).

These, and similar accounts, linked judgements made about appearance to current public and political concern about young people's perceived involvement in anti-social and violent behaviour. However, public concern about anti-social behaviour was seen, and criticised, by the boys as supporting an unfounded assumption that all young men are, or could be, violent criminals. Here, boys' accounts of being judged by the way they looked were linked to dominant discourses of masculinity which define young men, and their appearances, in terms of aggressive and criminal behaviour.

Problematising young men's appearances was seen to impact on the boys' everyday lives.

Whilst following particular styles of dress, such as wearing the hoodie, enabled boys to positively position themselves amongst peers, their accounts further indicated how wearing a hoodie left them open to criticisms from adults and the public more generally. These wider criticisms about boys' appearances left them feeling marginalised and mistrusted.

Dean: Because we're wearing hoodies, as soon as they see the hood, they class us and they put us in a certain group that they would put criminals

Researcher: But why would they...

Dean: Well it's the press that we get, it's like if there's a stabbing that involved two blokes, they see us and think has he got a knife, is he gunna mug me, is he gunna stab someone 'cos he's wearing a hoodie (Individual interview, Bronze group).

Some support for these negative associations between the boys' appearances and their perceived anti-social behaviour was also found in the school setting, as respondents often reported being in trouble for wearing hoodies during school time. Reports of getting into trouble were seen by the boys as being particularly unfair since they often defended their decisions to wear a hooded jumper on the grounds of feeling cold. This resistance was, however, seen by teachers as a breach of school uniform policy. In contrast, the boys' accounts suggested teachers had an alternative motivation for sanctioning their appearances – namely the school's over-riding concern for its reputation.

Nick: They're scared that it's going to promote a negative image

Steve: That's all the school is just bothered about image, that's all they care about (Focus group, Gold group).

Similar to the accounts given by girls, these reported judgements made about the boys' appearances (and the subsequent criminalisation of their characters) were reported to make them feel down. Few differences were observed between the accounts given by boys across the groups, as they similarly reported feeling increasingly stigmatised and excluded by adults and society more generally, because of their chosen styles of dress. Accounts given by the boys pointed to some of the ways in which judgements made about their appearances (and related perceived threatening and anti-social behaviour) disorientated their beliefs in themselves and subsequently marginalised some young men's efforts to affirm a more positive (social) positioning.

Dean: It annoys me and make me feel down and bad, 'cos I'm not like that and if someone branded me like a violent anti-social person, it annoys me 'cos I'm not, I'm easy going, I'll talk to anyone that talks to me, so it upsets me really...When we go shopping we like hold the door open for people and they don't even say, 'thank you', it's just like no manners and then they expect us to have respect for them, but why? When we get nothing back (Individual interview, Bronze group).

These reports of the negative impacts on their positive beliefs in themselves were further described in terms of society's prejudice against young men. Boys in all groups provided numerous examples of (negative) reactions from the public and police 'for no reason' other than their general appearance.

Rob: Just because no one listens to what you have to say because if there's vandalism or someone's got beaten up or someone's got stabbed, it's always just comes back to teenagers and they categorise you, like stereotype you, if you walk round and you've got a hood on the back of your jumper they'll go, 'Oh there's a hoodie', blah, blah, blah. They just stereotype you and say, 'Oh he's got a knife, he'll probably be doing some vandalism...'

Michael: Yeah 'cos if you're wearing a hoodie and trackies and black trainers they'll [the police] pull you over (Focus group, Gold group).

These boys' comments indicate some resistance to the judgements made about their chosen styles of dress, but also reveal evidence of their perceived powerlessness to act against dominant and negative framings of identity. Here, *power through* dominant (gender) discourses was seen to affect the boys' perceived *power to* act against judgements made about them and their appearances.

Michael: It just puts me on a low, I just walk around acting like I don't care about anything. If I don't feel appreciated, I just walk around thinking what's the point in trying, if no one's gunna appreciate me (Individual interview, Gold group).

Other accounts, however, did suggest a different opinion as some young men reported their feelings of anger and aggression at being judged as anti-social by virtue of their appearance. Rather ironically, this reported anger and aggression seemed to encourage boys to act in line with these judgements and expectations.

Matty: They just look at us funny and you just get really angry, you just feel like turning around and smacking 'em in the head, especially the men.

Researcher: Can you give me an example of what happens?

Matty: If it's an old man then I'll usually go, 'what you looking at granddad?' It makes me angry and annoyed 'cos it's not like we do it to them, it pisses you off, we ain't done nothing. Treat us fair (Individual interview, Silver group).

Researcher: How did that make you feel?

Josh: It's like, anti-social really. It makes you wanna go beat someone up.

Researcher: Can you say why it makes you want to go and beat someone up?

Josh: 'Cos you're just annoyed, you're angry.

Researcher: What is it that angers you about it?

Josh: It's like nobody trusts you and they think you're gunna, like nick a kid or beat up a kid, and we're not like that (Individual interview, Bronze group).

The above accounts indicated how boys' appearances, and in particular wearing a hoodie, seemed to (re)affirm a set of gendered expectations of aggressive male behaviour. By challenging these judgements through displays of anger and aggression, boys strengthened the same gendered discourses they sought to resist which, in turn, further spurred their anger and aggression.

This part of the discussion has indicated how judgements made about young people's appearances were closely tied to concerns about affirming young people's (social) positioning within contexts bound by different forms of (gendered) power. Young people's appearances were influenced by a number of assumptions stemming from dominant (gender) discourses which defined, and regulated, the acceptability and social value of these appearances. Such judgements undermined some young people's beliefs in themselves, and point to the importance young people attach to their appearance as a

potential challenge to their health with competing and contradictory possibilities for empowerment.

Being bad

One final aspect of being judged seen in young people's accounts suggested that being young was synonymous with 'being bad'. Reflecting widespread (adult) anxieties and media reports about a disengaged and troubled youth (Kelly, 2000, 2003), young people across all groups described how they felt adults, and society more generally, uncritically assumed that all young people were inherently 'bad people'. The tendency to pathologise and problematise young people was heavily criticised by respondents as evidence of a lack of trust and respect.

Rob: I feel judged, as teenagers we're judged by everyone, they like stereotype us, they're a teenager, they're doing summat wrong. I think with our age they sort of pick you out like you're the culprit, you're the bad person (Individual interview, Gold group).

Carla: They just think we're all bad and they don't talk to us or respect us. They tell us we gotta respect them, but they don't talk to us or respect us and I really think they need to have more respect 'cos we're not bad...Old people can be so horrible to you, most of them just think you're bad and don't talk to you or like talk down to you as if you like don't matter and it's really bad...they just treat us like we're all bad (Individual interview, Bronze group).

Sustained attention towards young people's bad behaviours was seen to affect young people's everyday lives and undermined the more positive discourse found in young people's own accounts of health. Of particular importance were young people's descriptions about how the lack of trust and respect arising from these negative judgements

made them 'feel down', 'unhappy', and 'worthless'. Links to their confidence were made by young people, as their accounts further revealed how they themselves sometimes questioned whether they were indeed 'bad people'. This self-questioning illustrated the (negative) consequences such problematising discourses held for young people's health as they discussed the effects on their positive self belief.

Sarah: If you walk down the street they look at you as if you're scum, and that just does absolutely nothing for you as a person, it makes you feel like if they all think that of me then it makes you feel like you are...

Researcher: Some of the reactions actually make you feel like you're scum?

Sarah: Yeah you feel like you are, it's *really* bad for your self-confidence....It knocks your self-confidence, it irritates me, and really annoys me, 'cos they don't know me, or what kind of person I am (Individual interview, Gold group).

Lucy: I don't think that adults or people in society realise that when they put this image of teenagers all being yobs that they're actually affecting the teenagers. I know that we just live with it as a way of life, the fact that people expect us to be bad and horrible. We shouldn't have to feel like that.

Researcher: When you say 'you feel it', how does it make you feel?

Lucy: It makes you unhappy, it makes you feel worthless, you're like why should I bother, if all they think of me is that. It does make you feel bad (Individual interview, Gold group).

Young people's accounts not only drew particular attention to prevalent media images of 'problem teenagers', but revealed how dominant constructions of youth as a time of risk negatively affected these young people's health. These images were heavily criticised for promoting unrealistic and negative stereotypes. Young people interviewed thought that many adults had assimilated these (negative) images which affected their everyday interactions and relationships with adults. Across all groups, respondents provided

numerous examples of times when they felt they had received hostile reactions from members of the public.

Sarah: They just think the kids of Carwood are a load of yobs...They've been so use to this image that when they actually meet someone that stereotype's still there in the back of their heads, there's still that thing saying this person's a yob, this person's a *classic* young person (Individual interview, Gold group).

Nathan: They hear so many bad reviews on the news – 'teenager mugs old woman'. Like the other day this lady dropped all her bags and I was, 'do you wanna hand?' And she was, 'no I can do it myself'. She thought I was gunna do summat, but I'm not gunna hurt anybody, I'm not like that. It's 'cos of all the reviews on teenagers, they just think bad of us (Individual interview, Silver group).

Accounts given by some of the boys also revealed a gendered dimension to these assessments. Young men in the Gold group discussed times when they had particular issues with teachers who they felt blamed them for actions carried out by others, such as damage to school property. Despite reporting their lack of involvement, these young men suggested teachers would assume they were largely untrustworthy and to blame for such incidents. Similarly, accounts from members of the Bronze group indicated how teachers would quickly assume they had done something wrong without confirming the accuracy of these assumptions.

...Most students bring in money for cooking despite the teacher's earlier claims that they never do. The students work in small groups and cook their dishes...I help Aaron and Jake wash up as the lesson is nearly over. However, Aaron tells me not to wash up and does it himself. Later he is told off by the teacher for not doing the washing up, but he argues [back], saying that he did do it. The teacher doesn't believe him and accuses him of lying...(Field note, Healthy Living lesson, Bronze group).

In their discussion of these incidents, young people further linked media representations of a troubled and problematic youth to dominant health discourses which they felt similarly represented and promoted a largely negative image of young people's health. Attention to Government priority health issues such as teenage pregnancy, smoking, drinking, drug use, and anti-social behaviour were again seen to influence everyday interactions between young people and adults. The assimilation of these official health discourses by adults was described by young people as affecting their actions and opportunities to help others and, in particular, restricted their freedom to go about their everyday lives.

Claire: I've got a really younger brother, there's a huge age gap, I was 12 when he was born and my sister was 16 and we're in town and she's pushing the pushchair, and he went to grab something, and this old lady went, 'can you not control your kid?' That's not my child, it's my mum's.

Researcher: And what was her reaction then?

Claire: She was 'oh sorry, I thought you were one of those'. That's what she said!

Researcher: How did that make your sister feel?

Claire: She won't push the pushchair because of it. Why should my sister be made to feel like that when it's not her fault? It's just not right. It's happened to me as well, my brother was two so I was about 14 and I was in the Co-Op and this old lady was like, 'do you know how to control your child? If you don't why did you have it?' I didn't, it's my brother, do you not understand that?

Researcher: Did you say that?

Claire: No, because I didn't feel that I should, why should I explain myself...that made me feel really bad 'cos I felt, god am I, have I done the wrong thing, should I not have come out? Why should I not be allowed to do stuff with my brother? I'm against it, all of this stereotyping, it really frustrates me...Like a lot of teenagers are seen to have all these things wrong with them, but again it's hardly any of us. Just because it's made more public, then good behaviour isn't made public, it would be obvious that teenagers aren't so bad (Individual interview, Gold group).

Aaron: This old woman walked passed and fell over and she proper cracked her head, there was blood coming out and we were like, 'oh no, what we gunna do?' We was trying to help her, and Callum picked up her bags, and this man comes up and goes, 'put her fucking bag down' and we were like hold on, 'we're helping her up'. I was like you can't just assume that we're trying to mug an old lady because she falls over. That proper pissed me off (Individual interview, Bronze group).

These examples, and many others, were discussed as evidence of adult discrimination towards young people. In particular, and in revealing the operation of hegemonic notions of power, young people described a form of 'ageism', in which they believed parents, teachers and others stigmatised and excluded them on the basis of their age alone. *Power through* these dominant problematising discourses was again seen to have direct effects on young people's everyday lives with important implications for their health.

Steve: I think older people are ageist to young people. They think they're chavs who are gunna knife them...when you see an old person they give you a funny look

Nick: It's like once I got the impression when I went into the shop that like if I'm buying something the person is treating me with suspicion

Carl: Yeah they think you're gunna rob, like if you walk into a shop, if someone comes in my age, there's like a group of them, oh they're all gunna rob – not really (Focus group, Gold group).

Rob: I think it's discrimination. I just think it's stereotyping just because we're that age, they just sort of categorise you. We're sat there doing nothing and then you get the police come along and start checking you, searching you, just because of the age we're at. If there was a group of men walking along or whatever, they might stop them, but they wouldn't search them. It's just the age that you're at. It's really bad (Individual interview, Gold group).

Of particular importance to young people was the suggestion that current attention towards anti-social and risky behaviour did not acknowledge the more positive expressions of

health found in their own accounts. As evidenced earlier, the failure of official health discourses to resonate with positive aspects of young people's everyday lives not only reduced the saliency of health promotion messages, but by marginalising these positive aspects, a focus on risky health behaviours worked, rather paradoxically, against the promotion of young people's health according to their own frames of reference. Resistance to health promotion can therefore be understood, not as young people's disregard for the achievement of positive health, but as a challenge to the negative stereotypes that young people themselves felt compromised their own health.

Power through official health discourses was also seen to guide parental opinions and decisions. In their accounts, some young people described the ways in which parents would draw upon dominant negative images of young people to set rules and boundaries. For example, parental concern about teenage pregnancy, drunken and anti-social behaviour influenced curfew times and regulated young people's peer relationships. These restrictions were again seen by these young people as being particularly unfair and as an index of parental mistrust.

Kirsten: I think it's just 'cos teenagers are like that, they like stereotype me.

Researcher: You think your parents stereotype you?

Kirsten: Yeah, they do a lot.

Researcher: Can you tell me how they stereotype you?

Kirsten: They just think I'm gunna get like a pregnant teenager, but I'd say I'm not ready yet. But my dad thinks I'm just gunna sleep with anyone and get pregnant (Individual interview, Silver group).

Researcher: So why do you think they won't trust you?

Pete: Probably just because I'm a teenager.

Researcher: What do you mean when you say it's because you're a teenager?

Pete: Because that's the going age ain't it, whereas older they think you are responsible (Individual interview, Silver group).

Parental use of the same negative discourses that young people saw as adversely affecting their health was seen not only to compromise young people's positive beliefs in themselves, but also to limit some young people's *power to* negotiate and influence boundaries at home, including opportunities to exercise choice and *power over* their own lives. One young woman from the Silver group discussed how she was not allowed to stay out after four in the afternoon. According to her account, she felt this curfew was linked to her father's concerns about potential involvement in binge-drinking and drug use, or her potential risk for getting pregnant. Whilst this young woman dismissed her father's concerns as ridiculous, she ultimately felt she had little choice but to agree with her parents' rules. In a separate discussion, Luke – another member of the Silver group – described how his mother made decisions about his appearance, not allowing him to wear a hoodie or grow a 'goatee' (a small chin beard) because of his mother's concern about presenting himself as a 'thug'.

Kirsten: I don't get much choice. They're too strict. My parents are on my back for everything, they don't trust me.

Researcher: Why are they always on your back?

Kirsten: I don't know really, they just tend to think that I'm a bad person.

Researcher: Why do you say they think you're a bad person?

Kirsten: They don't like the friends I hang around with, they think they're a bad influence...They don't believe me. They think I get proper drunk every weekend. I dunno it's a lack of trust, they don't trust me. I'm not allowed to go out (Focus group, Silver group).

Parents' lack of trust was seen to be reflective of wider (public) concern for young people's inherent wildness. In particular, young people often felt parental rules focused on 'bad points' at the expense of 'picking out the good points'.

Rob: I just think it's picking out bad points in people instead of picking out good points; it's like picking out the bad point in what someone's done whereas like when you've been good it's not seen (Individual interview, Gold group).

Lucy: If you're bad everyone knows about it, whereas if you're good no one, it's not interesting, like just knowing I don't go out and break into shops or whatever, it's not interesting so people don't know about it. But the majority of people that's what they do – they go home, they do all their work, they go out with their friends, not to get drunk or whatever, but they'll just go out and play football or cricket and they go home again, like by half past nine at night and people don't know, because that's considered to be, not newsworthy (Individual interview, Gold group).

Simon: You're either a criminal or you're not and they don't acknowledge how well behaved you are by society (Individual interview, Gold group).

Not only did some young people suggest that bad behaviour was more likely to receive more attention than good behaviour, but was felt to be positively rewarded. Accounts here pointed to some young people's assimilation of recent media criticisms of the 'positive' treatment of individuals reported to be involved in anti-social or criminal behaviour.

Rob: I think people that are good don't get recognised. Like at school they do these stupid trips; if you get loads of naughty kids, they're good for a day, they get to go to Alton Towers, but then the kids that are good all the time they don't get to, the kids that are good or average, they don't get to do anything, they don't get rewarded for being that...(Individual interview, Gold group).

Lisa: I think the naughty kids they're allowed to do much more than we are, and we don't get praised and then they get praised, but we do enough, and we don't get heard. Like my boyfriend and his friends like to mess around and one day they took them to the army all day, they were allowed to go to the army camp and do like circuit training, and the rest of the school that were really good had to sit and do these tutor frees and because they were naughty they got to do that. I don't agree with that; I think that's really out of order. It's so unfair; I don't think it should be allowed because they don't deserve it (Individual interview, Gold group).

Supporting these perspectives, the accounts given by some members of the Bronze group suggested they were, at times, deliberately disruptive in order to get attention. Here, these young people's examples of swearing and 'messaging about' were not viewed by respondents as individual acts of defiance, but collective strategies to gain valued adult attention. Whilst teachers' viewed such behaviour as evidence of an individual's unruliness and disrespect, young people's accounts point to the ways in which their marginalisation triggered a collective response 'to get noticed'. However, this collective response seemed to support teachers' original assertion that these young people were inherently bad.

Kelly: That's why we probably swear a lot.
Sonya: Because nobody listens to us.
Kelly: Nobody listens to us.
Sonya: No if we swear in school, it'll mean people will give more attention.
Kelly: It does work, it does work.
Sonya: Yeah 'cos people swear in class and then they get sent out and then they get attention, don't they? It gets us told off, but at least we get attention, at least the adults ain't ignoring us then (Focus group, Bronze group).

Recognition, reward and the general expectation of young people's unruly behaviour was felt to provide little incentive for young people to be good. Whilst for members of the

Bronze group (and some members of the Silver group) attention given to disruptive acts triggered episodes of swearing or messing about, young people in the Gold group thought there was little point in trying to challenge these expectations of young people's behaviour – often suggesting they could not be bothered to question the perspectives of teachers or other adults.

Michael: I'll do something good, and people don't see it and then I just think what's the point, I won't bother then...it just makes you feel low, it's like I just wanna do nothing in life, there's no point, if I don't do anything I can't upset anyone (Individual interview, Gold group).

Sarah: It makes you feel why bother? They're gunna think that no matter what you do, so why bother trying to change that? (Individual interview, Gold group).

Assumptions made by teachers and other adults seemed to signal an inherent lack of trust for young people which denied them opportunities to demonstrate the more positive contributions they made. Challenging these assumptions was limited as teachers were felt to be mistrustful of young people's ability to tell the truth.

Rob: If something were to happen in a class like, no actually that really annoyed me 'cos I got put in internal for this and I didn't do anything, the teacher next door got locked in a room...I got accused of that and put in internal when it wasn't me.

Researcher: And they didn't believe you?

Rob: No 'cos I said, 'it's not me' and they go, 'well until you can prove that'...It wasn't me and I got out in internal for it, I got a letter home saying, 'your son has been put in internal suspension...' and when they proved it wasn't me...I didn't get a letter home saying it wasn't your son that done it...they didn't accept that I was right, even if they would have said, 'I'm sorry for making that assumption'...They just don't trust young people (Individual interview, Gold group).

Michael: It just makes you think it's no wonder we always have a go at the adults, if they're saying stuff like that we're wrong and not responsible...it's no wonder we always say stuff about them. They act all arrogant, just because they're all grown up and we're still young...(Individual interview, Gold group).

The above accounts by some young people question current understandings of empowerment as a continuum – whereby more ‘empowered’ individuals come together to take action against the conditions of their disempowerment (Laverack, 2005). When asked if they felt they could challenge negative representations of youth, members of the Gold group suggested their efforts would be wasted due to the pervading effects of these problematising discourses. In this way, while highly critical of negative judgements made about them, young people seemed to accept the judgements imposed as part of the norm of everyday life.

Sustained negative attention on young people's lives was also seen by respondents to provide the impetus to act in the very way such judgements expected. Critically, young people's accounts pointed to the possible ways in which a focus on health promotion itself can prompt the very risky behaviours it aims to reduce.

Andy: I think people judge you a lot in town, you get looks from people, when you walk into a shop, like with a group of your friends, and the people at the counter will be watching you, so that makes you feel, like why? It just makes you, if they like think of us that way why don't we just do it, why don't we just do what they think we're gunna do. It makes you feel if they're judging us as a whole group, what's the point in acting any different (Individual interview, Gold group).

Lucy: It does affect you because you think what's the point in trying to be nice if they've got this perception of you, what's the point in trying to be anything different. I might as well just go out and get, drink on the street because that's what people think we should do (Individual interview, Gold group).

Despite being highly critical of the negative attention given to young people's lives, young people themselves were seen to (re)construct and reproduce these problematising discourses in two main ways. Firstly, young people's accounts drew attention to the behaviours of the risky bad Others. Whilst often aware of being judgemental, young people sometimes drew upon official health discourses in their discussions of other young people's (health-related) behaviours.

Lucy: Even I do it to other young people and that makes me feel bad as well.

Researcher: Do you know why you do it to other young people?

Lucy: Because of the image that people have. I'm sure all those young people in tracksuits and hoodies are lovely people, really nice people, but because the media present that image of them ...I don't wanna call them chavy but they are, no 'cos it's stereotypical, but they have that like chavy label and the fact that they smoke and they drink like every single weekend, they go out like every single Friday and Saturday night and get drunk (Individual interview, Gold group).

As evidenced earlier (see p. 141-143), the construction of the risky younger Other enabled some young people to dismiss the relevance of health risks to their own practices. However, these discussions also indicated a tension for the development of collective notions of empowerment. Accounts of other young people's bad behaviour were seen to divide different groups of young people, marking out the 'good' from the 'bad'. These

symbolic boundaries around perceptions of young people's behaviour were supported by the school's cohort system, as each group felt that other groups received preferential treatment for either being good or for being bad. This division was seen to reduce possibilities for young people to recognise the commonality of their perspectives – a key prerequisite identified in literature for collective empowerment (Laverack, 2005). Here, the divisive consequences of *power through* dominant problematising discourses, reproduced within the school's cohort system, limited possibilities for young people to collectively challenge the discourses they themselves felt had significant impacts on their health.

A second way in which young people's accounts supported the reproduction of problematising discourses of youth was through examples of individual efforts to resist such discourses. Young people discussed times when they had individually questioned and challenged the accuracy and authority of teachers, parents and the police. However, these challenges were most usually seen by adults as examples of young people 'answering back' which ultimately resulted in young people getting into more trouble. Young people's resistance was not only limited by the ways in which adults drew upon problematising discourses in their responses to young people's questioning, but also how these challenges (re)affirmed dominant beliefs that young people were inherently bad.

Andy: It makes you angry and they suspect you even more because you're getting jippy with them.

Researcher: What happens there then?

Andy: If they tell us, because we're not actually doing anything wrong, we're just standing there and then they get more firm, 'you have to leave now otherwise we're gunna get the police involved'. So that makes us even more angry because we're voicing our opinion by saying that we're not actually doing anything wrong...

Researcher: But if you say anything back to them....

Andy: You're digging a hole. They're just gunna pick on you even more 'cos it's more like that stereotype (Individual interview, Gold group).

Gina: They see a group of people out at night and 'cos they see so much bad, they think that everyone whose doing good is also doing bad, so they give you the wrong opinion which makes you more against. 'Cos if someone comes up to you and you're doing nothing wrong and they say to you you're doing something wrong it gets you angry doesn't it? It makes you get aggressive, you think why should I be told that I'm doing something wrong when I know for a fact that I'm not. If you try and voice your opinion they won't listen (Individual interview, Gold group).

Despite claiming they had done nothing wrong, if they answered back or questioned adults or the police, this seemed to confirm the adult suspicion that some young people had something to hide or were in fact doing something wrong. In this way, young people's (less powerful) positioning in relation to adult authority limited opportunities for effective resistance, as they often felt they had little choice but to agree with the actions of adults and police, or risk further sanctions for action they saw as having fun. Whilst at times verbally challenging and defying adult sanctions, young people were often seen to act in line with enforced proscriptions on their lives. Rather paradoxically, young people's concordance with the directions of adults and the police provided potentially powerful counter evidence that young people were in fact, not bad – but which appeared to go unnoticed by adults.

When questioned further about how young people might challenge adult perspectives without getting into more trouble, young people in all groups did point to the potential value of collective forms of empowerment to show adults examples of the positive contributions they can and do make.

Luke: I would try and influence some kids to help me because they listen to more people instead of just one. If I got a small stage of students, talked to them and got them to help me, then that group and me went onto a bigger stage with more students to influence them and get them to join with us; and all of that big group and me to go to a large stadium and that to keep going bigger and bigger. The message would hopefully go across... because we're influencing a large group to spread the word which would help them to make choices and then realise how much we could make choices for ourselves, so they'd be able to see how much what we can do (Individual interview, Silver group).

While comments such as these reveal the potential of collective notions of empowerment to effect change, negative connotations of 'youth' were not only reported by young people to generate ambivalence, but were also seen to divide groups of young people. The divisions observed between different groups of young people (enhanced by the school's cohort system) limited possibilities for young people themselves to come together and challenge the discourses and practices they saw as negatively affecting their health. Crucially, in order to come together collectively young people would need to recognise their common position with other young people and their shared status of 'being young'. However, not only was this status of 'being young' challenged by young people for its negative connotations, but by buying into and adopting this shared identity, respondents needed to place themselves in alignment with, rather than resistance to, the very status that they sought to challenge.

This part of the discussion has highlighted how young people's accounts of being judged as bad reflected dominant problematising discourses and widespread (adult) anxieties about a disengaged and troubled youth. The tendency to pathologise and problematise young people and their behaviours was heavily criticised by respondents as evidence of a lack of trust and respect for young people and had reported negative effects on their health. Importantly, young people's resistance to and assimilation of these discourses pointed to the ways in which dominant power relations were reinforced. Possibilities for collective empowerment were limited by the divisive effects of these discourses which appeared to leave young people unaware of their shared experience that, if more systematised, might lay the foundations for challenge to these discourses.

Chapter summary

This chapter has examined young people's understandings of not feeling well from an emic perspective. Young people's accounts revealed three ways in which they felt judged by others: *young and dumb*, *the way you look*, and *being bad*, each of which negatively affected their positive sense of self and health. Examining young people's accounts of being judged highlight the different priorities young people held for their own health with important implications for understanding the concept of empowerment. Specifically, judgements made about young people were linked to a number of co-existing and competing discourses which shaped the possibilities for empowerment. Evidence of young people's resistance to, but also assimilation of, these competing discourses pointed to some

young people's *power to* act according to their own frames of reference, but was also seen to reinforce the consequences of *power through* these discourses. For instance, young people's resistance to dominant developmental and problematising discourses, through questioning the perspectives and actions of adults, was often viewed by teachers and parents as evidence of young people's immature and disruptive behaviour. These findings point once again to the tension between processes and outcomes of empowerment in the literature, and the possibilities for the development of a more dynamic conceptualisation of empowerment that engages with different forms of power. The chapter that follows examines the various ways young people sought to challenge these more negative discourses and influence matters of most concern to them to bring about change.

Chapter Six

Effecting social change: The importance of listening, choice and respect

In the previous two chapters, discussion focused on young people's own understandings of health and what they themselves considered to be some of the key challenges to this. In the first of these chapters, it was argued that respondents' accounts pointed to the possibilities of a more positive discourse on health underpinned by young people's preference for the affective states of being happy and having fun. In the subsequent chapter, young people's accounts of not feeling well illustrated how this more positive discourse was often influenced by the various ways in which young people felt judged by others. The analysis of young people's accounts of being judged highlighted how possibilities for empowerment were closely tied to the consequences of *power through* a number of co-existing dominant discourses about young people. These (developmental and problematising) discourses were seen to shape the circumstances in which empowerment may be realised – influencing possibilities for young people's *power to* and *power over*.

This chapter examines in more detail the various ways young people sought to challenge these more negative discourses and, specifically, influence matters of most concern to them. Young people's suggestions for health promotion emphasised the importance they attached to feeling included, and identified three key prerequisites they thought would help

support their health: listening, choice and respect. These three concepts are examined here to illuminate the meanings they carry for young people. Specifically, this chapter considers how these concepts may help inform the possibilities for empowerment to bring about social change in line with young people's perspectives on health.

Having a voice

Discussions of the ways in which respondents sought to influence matters of concern often pointed to the value they gave to 'having a voice'. Listening to young people's views and opinions was seen as an important starting point for challenging (negative) assumptions about their behaviours and, in particular, for fostering a sense of inclusion. For young people, listening indicated that adults took an interest in their perspectives and ultimately demonstrated they cared about them. Having a voice was also linked by young people to their health, as they discussed how listening supported them to feel good.

Melissa: Young people don't really have much of a say, I mean the school don't really talk to us about what we want, and like Government because they're so high up. It'll be good if people high up to talk to us and ask us about how we feel.

Researcher: Why's that so important?

Melissa: Because then they can understand how we feel. 'Cos I think if people are making decisions about young people then obviously young people have gotta be involved...I think they should just talk to us so they can get our side of the view...It'll make you feel good if they talk to you, it makes you feel good because you feel good knowing that someone's taken an interest. It would make you feel like they're taking an interest in you (Individual interview, Silver group).

Young people's accounts signalled the importance they attached to listening as a precursor for bringing about an appreciation of young people's lives and challenging some of the inequities they reported experiencing as a consequence of their non-adult status.

Gina: Just make them feel they've got a choice, like they've got a voice and they've got an opinion and that it will be listened to...I think they should just listen more and not be so judgemental about the age and maturity level...The way they treat young people is like they don't have an opinion, but I think they should listen to young people more.....I think they could be less against us and be more with us, like say to us that they understand what we're doing and why we're doing it...and then they could try and understand us instead of saying to us, 'that's wrong, you can't do that' (Individual interview, Gold group).

Despite stressing the importance of listening to their health, young people discussed their frustration at the apparent inability and unwillingness of adults to listen to their views (some exceptions are discussed later in this chapter). This reported failure to listen was seen as being linked to the different ways in which they felt judged by others – in particular, by being seen as 'young, dumb and bad'. As argued in previous chapters, the uptake of dominant developmental and problematising discourses by adults was believed to affect how they responded to young people's views. Young people's accounts illustrated how widespread adult mistrust of young people effectively served to exclude their opinions from entering into (and influencing) discussion.

Aaron: I don't think people really listen to us because we're children (Individual interview, Bronze group).

Charlotte: Because we're children, they won't listen to us.

Lucy: It's because they have this bad perception of us. I just think that they feel that we're not worth bothering with and that our ideas aren't like valid (Focus group, Gold group).

Emily: They don't really listen to young people.

Researcher: What makes you say that?

Kirsten: 'Cos they all think we're thugs.

Emily: They don't listen to us because they think we're rebels (Focus group, Silver group).

For members of the Bronze group, and for some young people in the Silver group, teachers' failure to listen was further linked to their (marginalised) position within the school. In their accounts, these young people once again signalled the perceived preferential treatment of the Gold group, believing that teachers and the school more generally listened to and valued the perspectives of young people in this latter group.

Researcher: What makes you think they don't listen to you?

Kelly: It's like if we got into a fight they'd come down on us, but if like a higher grade person they'd be, 'yeah don't do it again'. But like that day when I got bullied I asked them to sort it out, and they didn't sort it out so they wasn't listening basically, and that's why my mum took me out of school because they didn't listen.

Researcher: Do you ever feel they listen to you?

Kelly: No. If they listen to me then I might respect the teachers more (Focus group, Bronze group).

Josh: They listen to all the people who doing good in school, like the people who are really good, they don't mess around, they won't be like kids, they won't have any fun. That's what they listen to. They don't listen to us lot, like me, Dean, Aaron and all that lot, people like that... We don't get any say in it (Individual interview, Bronze group).

However, young people in the Gold group similarly reported that they felt their views were dismissed by teachers. Recognition of this commonality of experience by young people

was however compromised by the separation created by the school's cohort system which limited opportunities to foster a collective understanding amongst young people themselves.

Lucy...Because that image of them you wouldn't go up and talk to them because you're scared of them and that's like a horrible thing to say because they're young people just like me. But the fact that they've made young people seem like that, even young people are scared of talking to other young people (Individual interview, Gold group).

Young people across all groups also described times when they thought offering their opinions would get them into trouble. Opportunities to (positively) contribute to school discussions were thought to be denied when young people expressed a contrasting perspective to that offered by adults. Respondents described the ways in which offering an alternative view was often reframed as 'wrong' by teachers and parents – pointing to some of the ways in which the social category of age not only limited opportunities for young people to express their opinions, but also served to maintain existing social hierarchies.

Researcher: If you had the opportunity to say to Dr Hawtin⁴⁹, we think this is most important...

Sonya: *Interrupts*. No 'cos then we'll probably get told off...

Researcher: Why would you get told off?

Sonya: Because we'll probably get done for speaking our minds wouldn't we?

Researcher: You'd get told off for speaking your mind?

Sonya: Yeah because, if we say we don't feel like we're being paid attention and the S half [Gold group] are being paid more attention, and we feel like all you do is stick up for the adults then we'll probably just get told off even more.

Kelly: We'll probably get told off anyway...(Focus group, Bronze group).

⁴⁹ A pseudonym for the school principal.

Rob: Because we'd been like gobby in our lessons or whatever he won't believe us, that's the thing of being I reckon, being our age like, you know 16, 15...

Simon: They don't believe us...

Rob: You don't get believed by a lot of adults because of your age and because you've got your own opinions to things. I think young people speak their minds the most, we just say whatever's on our minds.

Michael: If it's on our heads, if we think something, we won't just hide it, we'll just say it, so they don't like us.

Rob: That's the thing that gets us into trouble a lot.

Michael: We're a bit too opinionated for our own good really... Things like that really bring you down 'cos then they make you out to be a bad person and that's not what you need (Focus group, Gold group).

Simon: If we say something and then they say, 'oh that's wrong' then I'll get angry with that because everyone has the right to their own opinion, if we can't express our opinion without someone saying that's wrong then that'll really wind me up (Individual interview, Gold group).

The powerful role adults had in validating or rejecting young people's point of view illustrated the ways in which young people's *power to* express their opinions was bounded by the ways in which teachers (and other adults) exercised *power over* the views deemed permissible within a given context. Permissible views were further compromised by having to fit within *power through* dominant ideologies, which governed what was determined as an (adult-defined) accepted view. In this way, opportunities to have their opinions regarded were not seen to occur when adults agreed with young people's views, but the reverse – young people had to agree with an adult-expressed perspective.

Researcher: Do you feel you can say what you think then?

Wendy: It depends if I'm reasonable to them in their opinion, then I probably could.

Researcher: Can you say a bit more, what do you mean 'if you're reasonable to them?'

Wendy: So if I said something they would have to agree with me, *no*, I would have to agree with them to say what I think (Individual interview, Gold group).

Gary: I don't like it as well, when the teachers don't believe you.

Luke: Yeah the teachers don't trust you

Matty: Teachers don't even trust us, just 'cos we have different views on stuff and they think we mess about, they don't believe us (Focus group, Silver group).

Rob: Well if they say what is your opinion on something, and then you say something they don't want to hear, or what's not politically correct, you can get told off for it or you can get done for it because it's not what they want to hear.

Researcher: So when they ask you for your opinion what do you think they expect?

Rob: Exactly, I think they just expect, when they ask for your opinion, they expect along the lines what they wanna hear...they don't like it, they don't like your opinion. They sort of telling you what they're supposed to tell you, but it's not always how it actually is in real life. Like everyone has different opinions in life so you're never gunna get everyone agree. I don't agree with it, I think teachers should get a real grasp of what different people are thinking, instead of saying look this is it and if you don't like it then deal with it (Individual interview, Gold group).

In these discussions, young people (particularly members of the Gold group) further described the ways in which parents often supported the perspectives of teachers. Events at school were often reported back to parents who then disciplined young people for disruptive or unruly behaviour. Young people themselves discussed the unfairness of these actions and the failure of their parents to listen to their own perspectives on these events. Respondents reported the special difficulty they had in understanding why their parents would uncritically accept the perspectives of teachers as being the 'truth'.

Michael: Like the teachers are adults, and we're just children. So they think, 'oh well if that's what an adult's saying about it', then that makes you believe more because they reckon adults are more trustworthy than children. It's kind of alienating really for us because you feel like they trust adults more, even if they haven't met them before just because they're an adult. It's like hang on, you don't even know them, you trust them more than me? It's kind of confusing, you've known me all my life, you've only just met this fella or this woman, and you trust them more?

Researcher: Why would they trust the adult more?

Michael: I reckon it's 'cos they think we're still not properly socially developed.

Researcher: What do you think about that?

Michael: That's crap really, I don't even wanna bother with it, I just think sod ya (Individual interview, Gold group).

Rob: I called a teacher, I didn't call him 'Mr' before (*laughs*) it's true, and he rang home and my mum just made it out to be like the biggest thing ever when really I haven't said anything. She said I was obviously cheeky and rude, she just assumed I done something else as well, I would have been loud or cheeky to him.

Researcher: Did you try and say that to her?

Rob: Yeah, but she just sort of sides with them.

Researcher: Why would she side with the teachers?

Rob: 'Cos they're an adult and they trust them more than they trust us (Individual interview, Gold group).

These accounts suggest how parental alignment with the perspectives of teachers was linked to notions of (mis)trust arising from the social category of age. Young people described how being trusted was linked to the achievement of maturity and, since most adults seemed to equate being young with immaturity, young people felt they were automatically mistrusted and their perspectives dismissed. Here, *power through* dominant discourses not only limited young people's opportunities to feel and be trusted, but also fuelled and sustained mistrust of young people as incidents reported by the school provided parents (and other adults) with evidence that young people really cannot be trusted.

Although some exceptions were noted (discussed later in this chapter), many young people

felt they could do little to challenge this mistrust because of the dominant belief among most adults that the perspectives of young people were in themselves invalid and not to be trusted.

This reported lack of trust was seen to prompt feelings of hostility towards adults and points to a more dynamic operation of power. As a consequence of feeling mistrusted, young people described how they were inclined to interact negatively with some adults. These more negative interactions, in turn, were understood by adults as justifying their views that young people were unruly and immature.

Michael: You feel like they don't trust you so you don't wanna do anything for them, 'cos they [parents] don't trust you, they trust the teacher. So like you're no point in trying to get into their head that they're wrong, even if they're wrong and you're right, you try and say something, they're stronger, they still wouldn't believe you 'cos they trust the teachers more (Individual interview, Gold group).

The above examples revealed a disjunction between adult expectations of 'acceptable' views and young people's lived experiences, and highlighted some of the difficulties young people felt they experienced as a consequence of this adult/non-adult relation. These accounts raise particular questions about the types of mechanisms through which young people felt they could offer an (alternative) opinion and thereby effectively challenge (and change) the structures and discourses they saw as contributing to their relative powerlessness which adversely affected their health.

Rob: They say you've got a say, you can say what you want, but then they won't take it in, they won't take it into consideration if it's not what they wanna hear. Like if they wanna hear something and you don't say that, they won't listen to your idea, they won't sort of take it under...(Individual interview, Gold group).

Some potential mechanisms for change were found within the school environment. At times during field work, school staff were seen to support and advocate discourses of participation by encouraging young people to express their opinions during lessons and engage in forums such as the School Council and School Parliament. Drawing upon Government participation agendas (DH, 2003; DCSF/DH, 2005), these opportunities were particularly valued by the school for positively supporting young people's involvement, offering opportunities for young people to influence matters of most concern. However, despite the school's positive intentions to facilitate student participation, these (adult-imposed) mechanisms to effect change were heavily criticised by some young people for three key reasons with some important implications for the concept of empowerment.

First, some young people reported little interest in participation forums suggesting they were happy with their lives at home and school and so did not wish to change things in their life. These particular accounts questioned the assumption that participation is something that all young people desire, but also underscored young people's preference for a more positive perspective on their health and lives.

Aaron: I'm quite happy the way I am, I'm not complaining. I am quite happy with the life I have at the moment. There's nothing wrong with it and so I don't really want to change anything (Individual interview, Bronze group).

Emma: I'm quite happy with the way things are. I don't think there is anything that I would really wanna influence...There isn't really much that I want to, like need to be influenced or that I feel that should be influenced because I'm happy with my everything and my life (Individual interview, Gold group).

Examples of participation efforts aimed at empowering young people can be seen as a means of 'giving power', rather than young people 'taking power for themselves' – thereby undermining the more bottom-up principles often associated with concepts of empowerment (Laverack, 2005). These accounts further illustrate the possibility that participation may not be something that all young people want and, paradoxically, how the concept of empowerment must also hold possibilities for young people to choose *not* to want to participate or change anything in their lives.

Whilst these positive reports of some young people's lack of desire to effect change may be seen as an indicator of a form of false consciousness (thereby prompting the impetus for empowerment), these accounts also reflected what some young people considered to be the more positive reality of their everyday lives. Here, the tension for empowerment comes from the concept's prime focus on the conditions of young people's disempowerment. While empowerment is overwhelmingly presented as a positive approach to young people's health, the concept implicitly begins with a focus on young people's negative experiences of risky health and potential powerlessness – both of which young people in this study often contested.

In this way, advocating for young people's empowerment not only suggests the imposition of power but, by highlighting experiences of disempowerment, the concept runs counter to the more positive discourse young people themselves used to describe their own health. It thereby plays into the very (disempowering) discourses that young people saw as adversely affecting their health. Young people's concern for a refocus on who they were and what they did, rather than what they were deemed incapable of doing, not only signalled their preference for a more positive starting point for health promotion, but also challenged the very underpinnings of the concept of empowerment.

A second criticism made against notions of participation was seen in the suggestion that forums to include young people were believed to be 'targeted' towards (and therefore only accessible to) certain individuals – notably members of the Gold group, and specifically the 'good' students in this group. Whilst teachers suggested that (in theory) these forums were open and accessible to all students, in practice many young people felt only those students with a good (academic) record were able to access and participate on these committees.

Pete: Well, I'm one of the students out of god knows how many there are, they're not exactly gunna listen are they?

Researcher: Why do you think they won't listen?

Pete: They don't, they brought out student council and that don't really do much

Researcher: Why don't the school council do much?

Pete: Well they're supposed to make students sit down and make decisions, how to make the school nicer, changing rooms, toilets better, but they never actually take into consideration what everyone's said (Individual interview, Silver group).

Luke: We have a student council which we can change things but only some people are elected for it, not everyone. We can give the student council ideas, but if it's one of the people that won't like to listen to our, that's not fair because they're not listening to us (Individual interview, Silver group).

Observations made during field work also provided evidence of the inconsistency between the participatory intentions of these forums and the exclusionary processes that operated in practice. Members of the School Council typically included students with high academic potential: with predicted A* - B GCSE grades, and whose parents were also governors of the school. While teachers suggested there were ample opportunities for young people to influence matters at school, these opportunities were only available to a few.

A third criticism made against forums such as the School Council focused on the potential of these participation mechanisms to create and sustain a pretence of listening, but were ultimately ineffective in taking young people's views seriously to bring about change. Young people often discussed how they felt the School Council would not listen to their ideas and how 'nothing gets done'. Reflecting the effects of dominant developmental discourses, young people attributed this lack of action to the lack of value given by adults, and society more generally, to their ideas. Efforts to listen to young people were thought to be tokenistic and merely served to give the impression of listening, rather than offering any meaningful power-sharing. Whilst adults perceived such examples as evidence of young people's participation and *power to* act, accounts indicated how young people thought adults ultimately retained *power over* participation agendas in order to sustain an illusion of 'empowerment'. Adult *power over* participation agendas was linked to the

effects of *power through* dominant discourses which served to disqualify young people's contributions.

I think it's just the age they're at, young people of that age, I think they're succeeding within their peer group...but I guess it's just about growing up isn't it? (Interview, Social and Emotional Aspects of Learning [SEAL] Co-ordinator).

Carl: Yeah we tell you our views but...

Steve: It's just to give the impression. It's just a way to think that students help but they actually don't, they don't make a difference.

Carl: There's the student parliament, but I don't think anyone goes because they know nothing gets done.

Steve: They just brush, they get brushed away.

Carl: They know nothing actually will get done.

Researcher: Why does nothing get done then?

Carl: Yeah they listen to us, but they don't take meaning from it.

Steve: They just think, 'ah students don't know what to do'.

Carl: Yeah, they think they've got more knowledge than us, like they think they know what we want...and it's like, no 'cos you don't live our life, we know what we want (Focus group, Gold group).

Ian: It's just so young people can feel like they're doing something when they're not. I don't want to sound like really sceptic, but it's just like a cover, they just wanna seem they're like taking the views of the pupils' into account when they're actually just doing what they want (Individual interview, Gold group).

However, whilst some respondents were critical of the ways in which participation agendas created a false impression of young people's *power over*, this awareness was not seen to trigger critical action. Instead, young people's accounts pointed to their feelings of ambivalence and lack of action, as they reported little incentive to express their opinions or attempt to effect change.

Simon: It puts you down, you just think why bother, they're not gonna listen so why bother saying anything to try and change anything...(Individual interview, Gold group).

Despite this ambivalence, a close examination of young people's discussions revealed something of the importance young people gave to 'having a voice' compared with 'making a difference' – with some important implications for the distinction made between processes and outcomes of empowerment. The suggestion that forums such as the School Council merely gave the (false) impression of listening was often substantiated by a lack of evidence of any change to the school environment. This reported lack of change in outcomes provided young people with the evidence that their views had not been listened to or taken seriously. Here, outcomes were seen to be particularly valued by young people as evidence of having their views taken into account. Some young people positively reported times when they had written to the school principal about school food. Changes to the school menu had been introduced which young people felt were directly linked to their (individual) efforts to express their opinions.

Researcher: Do you feel like you can influence things at school?

Nathan: I've changed the school dinners...

Researcher: Ok, tell me about that.

Nathan: 'Cos like school dinners yeah, they went up by like £1.20 a main meal to £1.90 and I was like whoah, I can't even afford that...it was like 60p for a drink...so I was just like well something needs to be done. So I wrote a letter to the food people.

Researcher: And what happened?

Nathan: Now everyone's having a go at me 'cos they're even crapper...like the jacket potatoes got smaller...you just get a little bit of food and that's like £1.40 for a little bit of pasta and everyone's like, 'oh Nathan what did you do this for...write another letter' (Individual interview, Silver group).

In contrast to young people's accounts, school staff pointed to a number of organisational and financial constraints which limited the response to young people's requests for change. The costs of building refurbishment were considered high; any changes to school food had to be set within the school's commitment to the Healthy Schools' agenda (DfES/DH, 2005); and opportunities for what young people termed 'more fun lessons' were constrained by timetabling and Ofsted demands to deliver the core curriculum and prioritise academic achievement.

Some young people's accounts (particularly those from members of the Student Council) showed alignment with the perspectives of teachers as they highlighted the complexities of effecting change. Demonstrating an understanding between the process ('having a say') and outcome ('making a difference'), one member of the Student Council gave examples of times when she felt she personally had been listened to and effected change. However, in her account she also drew attention to some of the (financial and organisational) barriers to change – in particular, time and resources. It was an appreciation of these (structural) barriers to change that she thought others lacked and why she believed they complained that 'nothing happens'.

Charlotte: It's important I think you can take part in the process, just knowing that's the little effect you can have it sometimes can make the big. I mean, 'cos a lot of people say about the toilets but I mean, there was a complaint...So even the influence of one person it can just send a shock wave through, it can have an effect.

Researcher: You said you've made changes and things have happened, so why do you think people feel that they're not being listened to and nothing happens?

Charlotte: I mean some of the things people say that they want the school menu to change or whatever. As a school we can't necessarily do that because of the catering company and the government regulations. We had the chocolate taken away, and government policy's changed, we couldn't have them anymore, they're like, 'oh well we want them back'. So of course the student council put it to the board and said can we have them back, but we're not allowed. They don't seem to understand that they can't have those things. Like we're only allowed chips on Fridays, government regulations, they can't understand that. I don't think they seem to understand that we do put these forward to them, to the school, but I mean they can't always have what they want (Individual interview, Gold group).

In some ways this young woman's comments may suggest the value of greater transparency in participation, including awareness of some of the (financial and organisational) complexities involved. Timely feedback from the school to young people's suggestions was seen as a key prerequisite for not only signalling to young people that their views had been considered, but also for explaining why, at times, change did not take place.

Andy: I'd like to change the outcome, but I'd be happy enough just getting my opinion across and knowing that other people have heard and respected my opinion and tried (Individual interview, Gold group).

Rob: At the end of the day it doesn't matter if they don't accept your opinion, as long as you get your opinion across.

Researcher: So does it matter to you if you don't change things then?

Rob: No, as long as you've put summat forward (Individual interview, Gold group).

However, whilst these comments may support the suggestion that some young people were relatively happy simply putting forward ideas, rather than changing outcomes, these accounts also point to young people's concerns to influence matters that extend beyond (structural) issues within their immediate environment. By stressing the importance of expressing their opinions, young people's accounts point to the desire to challenge *power through* dominant norms that were seen not only to limit opportunities to have their views listened to, but also to determine the value and integrity of young people's perspectives.

Here, expressing their opinions was not directly valued for its potential to facilitate young people's *power to* or *power over* participation mechanisms, but for the possibilities for challenging *power through* those dominant discourses that young people believed disqualified their perspectives from mainstream discussion and which they saw as negatively affecting their health. For some young people in the Gold group, prioritising the process of empowerment was in itself an important outcome that signalled to them that their opinions had been duly regarded and valued.

Discussion so far has pointed to the value young people attached to listening as a starting point for influencing matters of concern to them and effecting change. Listening was seen to be a key prerequisite for young people's inclusion and, in particular, challenging negative *power through* dominant discourses which defined the perceived validity and integrity of young people's perspectives. The chapter now discusses a second way young people sought to influence and effect change through their discussions of the notion of choice.

Having a choice

A second way young people sought to influence things in their lives linked to discussions about choice. As earlier chapters have indicated, notions of choice were particularly valued by young people as an expression of their freedom and *power to* act according to their own frames of reference. In particular, young people's concern to exercise choice in relation to their health-related practices was seen to provide some evidence of young people's resistance to negative developmental discourses which positioned young people as being largely incapable of making decisions for themselves.

Aaron: I think I should be able to make my own choices about drinking and smoking and sex, should be my decision... 'cos who else's business is it really if I wanna smoke, it's me, it's harming my body. It's not doing anything to anyone else. If I wanna smoke weed I'm not making other people do it with me, it's their choice if they wanna do it, I'm old enough to decide what's right for me (Individual interview, Bronze group).

The notion of choice was closely tied to young people's perceptions of the willingness of adults to listen to young people's perspectives. Having a say was described by young people as the first step towards exercising choice – both concepts being seen as positively linked to health. Of interest was the idea that having a choice made young people feel they were included in matters of relevance, and offered them greater opportunity to express their opinions.

Luke: We should all be able to make a choice, 'cos everyone has a choice, a say in this world 'cos we all live in the same world... we should all have a choice 'cos it affects everyone, so everyone should at least have a say in what happens 'cos it makes you feel good knowing you've got a choice...(Individual interview, Silver group).

Rachel: We haven't really got much choice.
 Melissa: They don't give you much choice.
 Hayley: They're the leaders of all...
 Melissa: Yeah it's like basically we're like little sheep to them.
 Sian: Yeah and if you like try and speak they ignore ya.
 Kirsten: They try tell you what to do and what's right and you shouldn't do this.
 Researcher: What should they do then?
 Kirsten: They should let you have your point of views.
 Melissa: Yeah they don't let you, they don't let us speak out these days.
 Sian: If you're in a meeting, and then they speak and then they don't let you speak, they butt in half way through (Focus group, Silver group).

Despite indicating a positive preference for the notion of choice, young people's discussions more often pointed to their lack of choice to act according to their own frames of reference. For instance, young people in all groups often stressed the ways in which they felt many adults controlled their freedom and denied them *power to* exercise choices. These restrictions were seen to be closely linked to some of the ideological effects of *power through* dominant discourses that defined, not just young people's perceived (in)capabilities, but also the agendas around which young people were given opportunities to exercise *power over*.

Luke: Most of the times I don't feel I can go out much because my mum gives a time limit of summat, so I don't have much freedom to go out and that feels as if it's controlling because I don't have time because of the limit, she's worried I'll go out and do summat or like get into trouble (Individual interview, Silver group).

Within young people's accounts, a lack of choice appeared to be closely connected to their (social) positioning as those who were not yet adult. Imposed limits to choice were

thought to exclude young people from more ‘adult’ agendas and what young people termed ‘the real world’. In their accounts, young people reiterated the effects of the widespread mistrust for young people and how this mistrust effectively served to limit choices available.

Luke: A big impact of feeling, we’re secluded, we’re not trusted in the world or we’re not really wanted until we get to a certain age and then we’re let in. It’s like we don’t feel that we have a say or a choice in our society and we’re being controlled because we don’t get a say (Individual interview, Silver group).

In particular, *power through* dominant discourses was seen to structure the inequities young people felt they experienced as a consequence of their age – and related normative assumptions made about their personalities. Young people often gave examples of age limits that effectively prevented them from engaging in a number of choice-based practices valued by young people such as joining the local gym, buying alcohol, learning to drive, and exercising a right to vote. These statutorily imposed age restrictions were felt to be unjustly based on (negative) assumptions of what it means to be a ‘typical teenager’ – an image some respondents wished to challenge and change.

Luke: Everything is over the age of what we want it to be, just ‘cos the adults decide we’ll be stupid and mess around, they don’t think we can be mature enough to do something, they put age limits for everything.

Matty: People try rule our lives even if it’s not our parents, everybody’s ruling our lives...If you wanna smoke you smoke, you can’t do nothing.

Luke: You should never ever control someone else’s life ‘cos you’re making decisions for someone else when you wouldn’t like it, you would really hate it if someone did that to you, stopped you where you are, made you do everything you didn’t wanna do and that’s what they do (Focus group Silver group).

Of particular concern to respondents was the suggestion that these limitations to choice, compounded by the failure to listen to young people's views, provided evidence of adults' (and society's) lack of care about young people and their perspectives. This perceived absence of care was seen not only to affect young people's feelings of (self) worth, compromising their positive beliefs in themselves, but was also reflected in some young people's critical engagement with the suggestion that adults had the power to control their everyday lives. Young people's use of the term choice was not simply valued for its potential to demonstrate their *power to* and *power over* their own lives, but was tied to an overwhelming desire to foster young people's inclusion as valued members of society. For young people involved in this study, exercising choice was seen to offer the potential to shift *power through* the dominant discourses they believed excluded them from influencing matters of concern.

Luke: We may be younger, but we have a mind of our own and because they don't trust us about what we say, it makes us feel that we are inferior as in we shouldn't be here because we're not enough, that we don't have a right and we should just been in a kids planet or summat, they should put us all on the moon so they can have a bit of freedom to themselves 'cos they're all adults and we live in an adult world, but we're all still kids and they don't really want us to be kids, they're just trying to get us to be adults before we're are adult. We're being forced to do both, but they're not treating us as if we are proper adults... We are kids and we all know what we need to do, and all the things that they should let us do, but they treat us as if we don't know what to do and we should be in a completely different set of rules to the adults, but because we are all human, they're treating us unhuman, because they're treating us like we're a different race, it's like we're two different races because we have two different sets of rules which is sort of unhuman towards us because we are all human.

Researcher: What kind of impact does that have on you?

Luke: Sort of, excluded and not trusted, unworthy, and it doesn't make you feel good about yourself (Individual interview, Silver group).

Comparing their feelings and experiences of exclusion with racial difference, as Luke describes above, highlighted the negative impacts this form of power had for young people's feelings of (self) worth and opportunities in life. Engagement with the socially located conditions of inequity signaled young people's critical, rather than false, consciousness. However, this critical engagement once again seemed to do little to trigger overt action to bring about change as predicted in much of the literature on empowerment (Laverack, 2005; Thompson, 2007).

This lack of action questions many of the assumptions within the literature that suggest a critical awareness of power inequalities is the starting point for empowerment. Young people involved in this study, whilst engaging with the effects of hegemonic power, more often stressed their relative lack of influence to change existing arrangements and dominant systems of meaning. In particular, challenging the social construction of age was thought to be limited until they were themselves were considered adult. Here, young people's accounts of effecting change seemed to indicate their acceptance of, rather than resistance to, the existing social order.

Simon: I'm just seen as a kid really, I don't think I could influence anything (Individual interview, Gold group).

Stephen: I don't really think you can change things to be honest, not at this age you can't really influence things (Individual interview, Gold group).

The disenfranchising effects of the social category of age on young people's opportunities to exercise choice were further reproduced within the school cohort system. Members of

the Bronze group often drew attention to the ways in which the school structured choices available, with implications for future career aspirations. For instance, subjects including Business Studies and Sociology were not available to students in this group. In addition, these young people were entered for GSCE examination papers that would only enable them to reach a minimal grade. These limitations were seen by members of the Bronze group as being particularly unfair and based on assumptions about their perceived academic incapability to succeed.

Kelly: I think basically the school is in charge of us group's life, but they're not in charge of the much higher group's because they basically just put all their choices what we should go for. But we should've picked our own choices, and let us have a go as it and if we don't think it's right for us then we should be able to move into another choice, but they just don't let us.

Researcher: Why do you think they do that?

Kelly: Well to me I reckon they think we're dumb...Everything's like, you can't do what you want these days, it's like you've gotta do what people say basically the higher groups got all their choices ain't they? What they wanna do in life like Business Studies and they've all got them choices. All the teachers like are yeah they're really clever and they can, and then like when it comes to us we don't have a choice...(Individual interview, Bronze group).

Young people in the Bronze group discussed the implications of these imposed restrictions for their future life chances and pointed to the ways in which *power over* their own lives was defined by a school system that seemed to reinforce the wider age and potentially class-based inequalities experienced by this group.

Kelly: I can't make my own choices 'cos I haven't got a choice over anything.

Researcher: Why do you think you've not got a choice?

Kelly: If I can make my own choices I'd pick my own classes, what I wanna be in.

Sonya: Not what they put us in.

Kelly: So basically, if I wanna like, become like a good doctor or something, I could go and study the lessons what I should be studying.

Sonya: It's because we're in the dumb half, the S half is the smart half, and the V half is the dumb half. They get all their choices (Focus group, Bronze group).

The developmental discourses on which these restrictions were justified pointed to the ways in which these young people's choices were limited because of the assumptions made about their capability to make (positive) decisions for themselves. In contrast to the perspectives given by members of the Bronze group, teachers viewed these restrictions as evidence of the school's support and care for members of this group. By only offering options deemed appropriate, school staff felt they would not be setting these young people up to fail. Under the guise of protectionism, teachers' accounts not only justified the school's *power over* these young people's lives, but also revealed how developmental assumptions about young people had consequences for other forms of social inequality, including those linked to future occupation and class position.

Accounts given by member of the Bronze group pointed to the effects of a lack of choice on their future life chances and the potential ways in which the inequalities of age *and* social class intersect to shape the opportunities available. However, these young people's discussions not only highlighted the ways in which the social category of age was seen to produce its own forms of inequality but, more significantly, how assumptions on the basis

of age were effectively used to mask and justify the reproduction of other forms of inequality.

The protectionist approach taken by the school was heavily criticised by young people in the Bronze group not only for contributing to their marginalised (social) positioning, but also for drawing attention to their perceived incapability and incompetence, rather than a more positive focus on what young people might be able to achieve given the opportunity. The importance young people attached to 'knowing I can do something' as described in Chapter Four, came to the fore in their discussions of choice and, in particular, how different opportunities to exercise choice were not only linked to young people's concern for *power over* their own lives, but also for supporting their positive belief in themselves. As evidenced in earlier chapters, developing a positive self belief was of particular importance to young people's discussions of their health. Here, the notion of choice can be seen not only to offer possibilities for young people to promote their health according to their own frames of reference, but also for its possibilities to shift the socially embedded effects of power that young people themselves saw as adversely affecting their health.

Kelly:...If they least give us a try of what we wanna do maybe we might do well...If they like give us more encouragement and like let us do things what we think we're capable of. Like they say people make mistakes from what they've done yeah, well we should learn from our mistakes what we choose, and now they haven't, now they keep saying that we're pushing you to do this work 'cos we want you to get higher grades, but it's like pushing us down because we know we're not gunna get a high grade...(Individual interview, Bronze group).

Despite young people's overwhelming concern about the lack of choice they experienced, two key contradictions emerged in their discussions that are worthy of closer examination in understanding young people's meanings of the term choice and its relationship to concepts of health and empowerment.

Firstly, accounts given by some young people did offer clear examples of times when they felt they had made choices for themselves. In these discussions, young people often drew upon notions of responsibility and the idea that 'making a mistake' sometimes had positive outcomes for future decision-making. Here, exercising choice was particularly valued as means through which young people could resist the assumptions stemming from developmental frameworks and demonstrate their responsibility to make decisions for themselves.

Dean: If you're told not to do something it just makes you do it really. It gives me more responsibility knowing I'm allowed to drink 'cos it makes me feel a bit, you know, like I have a say in the matter (Individual interview, Bronze group).

In some ways, this focus on demonstrating responsibility could be seen as young people's alignment with, rather than resistance to, developmental discourses that have a tendency to prioritise young people's (lack of) ability to act in more responsible ways. However, young people's accounts more often underscored the positive ways in which they felt they were able to negotiate and set boundaries for themselves. Opportunities to exercise choice not only offered young people *power to* make decisions and take *power over* their own lives, but in exercising choice young people can be seen to challenge the *power through*

dominant discourses that defined young people's perceived abilities to make responsible decisions for themselves.

More positive examples of times when respondents felt they made decisions for themselves were evident in some accounts of their relationships with parents. Members of the Gold group (and some members of the Silver group) often discussed the ways in which they negotiated rules and boundaries at home – suggesting possible class-related differences in the negotiation of boundaries with parents (c.f. Bernstein, 1977, 1982, 1990; and Devine 2004, Devine *et al.*, 2005). Of particular interest was the idea that exercising choice did not necessarily imply young people wanted to act against parental (or adult) opinion.

Lucy: I think that my mum and dad have always had the mentality of I can do whatever I want, like within reason obviously, but because they've always brought me up with if I want to do something they'll pretty much let me do it.

Researcher: What does 'within reason' mean?

Lucy: Well I wouldn't ever ask to do something like, 'can I go and tattoo my face with black', or something like that, no I wouldn't because I've always been allowed to do things...

Emma: You set your own boundaries...

Lucy: Because I think personally some people, their parents say they have to do this, it makes them want to do things, rebel against it. But because I've always been brought up with the you can do whatever you want, you can be whatever you want, like they obviously care but, 'we don't mind what you do' that I don't push it, so I don't really have anything to rebel against...(Focus group, Gold group).

Accounts given by some young people suggested that exercising choice was not purely an individualised process of decision-making, but a means of facilitating collective dialogue *with* parents as they negotiated boundaries together. Of particular importance to young

people was the suggestion that negotiating boundaries with parents provided evidence of parental trust and respect for their perspectives and actions and contradicted their previous reports of the lack of trust they experienced. This counter evidence illustrates how young people's meanings of choice can be seen to offer a potential shift in power at the third dimension.

Nathan: I am like fully in control, but like obviously my mum and dad have a say, because obviously like any parent would do that, like caring and stuff and that's good, obviously I don't, I'm not like over-ruling my parents because like I have so much, so much respect for them so it's just like if they say like ten or something, I'll be like yeah sure... They don't mind if I'm out like clubbing or summat like that, they're just like, 'oh make sure you've got your house key because we'll probably be in bed by the time you get back' (Individual interview, Silver group).

A second contradiction found in young people's discussions linked to times when they described imposed limits to their choices in a more positive manner. Some young people talked about wanting some limits and boundaries and did not always express a desire to make choices for themselves. Following the rules set down by parents was seen by some young people as supporting their opportunities to succeed in life.

Hayley: If you don't have boundaries you're gunna think that when you go out into life, it doesn't matter, you're not gunna have bills to pay, you're just gunna go out there and think everything's gunna be a bed of roses. It's not, you've got to have boundaries 'cos it teaches you in life and gives you responsibility...(Individual interview, Silver group).

Gina: I mean my parents sometimes stop me from going out, they think I go out too much, but then I sort of side with them on that one because if I know that if they let me out too much I won't get into the habit of doing work and stuff, so I won't sit myself down. But if I'm inside, I know I'm not allowed to go outside, I'll do something like revise and it helps me to achieve (Individual interview, Gold group).

These more positive discussions of boundaries also reveal the importance young people attached to feeling valued and included as a positive contribution to their health. In particular, young people in all groups suggested they wanted to feel included in matters affecting their lives and wanted support and guidance from adults when making decisions. Of interest was the idea that boundaries signalled to young people that parents (and other adults) cared about them and what they did. Parental care was therefore given as a worthy reason for any restrictions to young people's choices. In these accounts, limits to choices were positively regarded as a mark of parental love and respect, indicating to young people that adults ultimately acted in their best interests.

Rob: Well I think parents they do it for your best, they do it in your best interests, it might not seem like they should be doing it like if they're strict on you...It might not seem reasonable, but in the long run you'll benefit from it...because, you've got some of these parents that really, like don't care, they let their child go out, be naughty, go out drugs, drinking and all that. But then you got like my parents are, the stricter ones that if you got a phone call home they'd have a go at you, they'd give you a certain time to be in. They're only doing it for your best interests...I think it gives you a better upbringing, it gives you a better know how...They have to be strict to a certain extent, your parents keep you in line, like keep you on the right tracks, it helps you personally go forward, and helps you achieve.. At the time it doesn't seem like it's them that's guiding you to somewhere or helping you through certain things, but obviously when you get older you realise, I wouldn't of been able to do that without my parents there, backing me (Individual interview, Gold group).

Aaron: Well I like to go out and do what I want yeah, but I wouldn't want parents that, take it to the extent where they just don't care kind of thing. It does feel nice and makes me feel good when my dad's like, 'oh I want you home by this time', 'cos it's like yeah okay, he cares (Individual interview, Bronze group).

Whilst these accounts may again imply young people's alignment with paternalism and their assimilation of 'best interests' concerns found in developmental discourses, the existence of rules and boundaries provided counter evidence that challenged young people's own suggestions that adults seldom cared about them. Here, some limits to young people's *power to* and *power over* can be seen to support a positive shift in *power through* dominant discourses as limitations to choice provided counter evidence to the suggestion that adults did not care.

This part of the discussion has demonstrated the importance young people gave to the notion of choice. Choice was seen as a positive way young people could exercise *power to* and *power over* their own lives and, in doing so, challenge *power through* dominant discourses that position them as being largely incapable of making (positive) decisions for themselves. Contradictions in young people's accounts have also been examined, pointing to how some limitations to choice served to reveal to young people that adults do in fact care. Analysing these accounts highlighted that young people did not always want to make decisions by and for themselves, but instead indicated something of the importance they attached to feeling included and the impact this had on their health. The chapter now considers a third and final way in which young people sought to effect change through the notion of respect.

Treat us with respect

One final aspect of effecting change according to young people's accounts focused on the importance of respect. Respect was valued by young people, not only for its potential to support their positive self belief, but because it offered an important starting point for challenging the negative discourses young people saw as adversely affecting their health. In particular, concern for respect was seen by young people as a means to develop a more positive discourse on young people's health and reinforced their preference for being seen for whom they were and not what they were assumed to be.

Researcher: What do you think it would mean to you to be trusted and respected?

Carl: I'd feel a better person and stuff inside 'cos it's like, oh I'm actually being treated finally like for whom I am, not for who, like a minority of people my age are (Individual interview, Gold group).

Young people's use of the term respect drew particular attention to the more positive aspects of their lives and was intimately linked to health as they described the importance of being recognised for doing well. Being positively recognised was seen as an opportunity to foster a greater understanding about young people and what they can do when given the opportunity.

Michael: To be recognised that I've done something good is a good feeling, really good feeling, but half the time they just don't trust us with our own lives and it just really brings you down...Until we're adult they won't appreciate all the stuff we've done until like we've actually grown up, so we hang around for a few years and like, 'oh he's done that, well he's a child'...And like I said, we wanna be recognised for the things we do, cos that makes us feel good (Individual interview, Gold group).

Kelly: Give us a chance basically what we wanna do, like let us confront our own ideas and maybe we'll get somewhere...(Individual interview, Bronze group).

Luke: Don't just tell us what we can't do, just at least advise us what we can do as well and accept our decisions (Individual interview, Silver group).

'Saying something positive' about young people was suggested to be an important starting point for redressing the negative focus that was usually given on their lives. In particular, developing opportunities for young people to show their strengths, rather than highlight their assumed deficits, was intimately linked to other concepts found to be of importance to young people's opportunities to effect change, such as notions of listening and choice.

Melissa: I think they should talk to you as younger people and see how we feel about things, I think they should actually ask us how we feel about life and things that's happening around us.

Researcher: Why's that so important?

Kirsten: Because they always do stuff to benefit older people and not the younger people....they need to think that we got better developed ideas and respect our ideas (Focus group, Silver group).

Rob: Just let them be themselves, let them have their say and letting them have a sense of freedom instead of categorising and stereotyping them as youths, offenders, and just showing them respect (Individual interview, Gold group).

Luke: I just feel we should have more freedom for them to listen to us, 'cos everyone should have a say and they don't tell us what we are able to do they just tell us what we can't do and don't give us a boost what we want to do and what we can do...Give us the opportunities to think about these things, instead of, 'don't go hurt someone, rob a car, don't sit in front of the TV, don't drink, don't smoke, it's bad for you'...It's saying something positive, instead of just keeping it negative...It's all negative 'cos everything's saying, 'don't do this, don't do that', but they don't say, 'why don't you go out and do this?' (Individual interview, Silver group).

Discussions of respect were often seen to challenge widely held (adult) views that young people were disrespectful to others. In these accounts, respondents drew attention to some of the more positive things they did for the community and reiterated the value of developing a collective understanding about young people. In contrast to professional concern about reducing risky behaviours, young people's accounts illustrated the contributions they made to the lives of others and offered positive suggestions on how young people could be included as valued members of society. In particular, young people signalled the importance they gave to being seen and valued as (younger) *people* and not as 'youths'.

Dean: I think they need to focus more on the good sides.

Researcher: Like what for example?

Dean: Like what we do for the community, it's like we're equal as the next person is a 40 year old man, we're just the same, we're still members of society...Maybe they should do like a local news story on the area or just show the community that it's not all bad, that there are good people...I think tolerance and a bit of a more open mind towards young people (Individual interview, Bronze group).

Researcher: What's wrong with the name youth club?

Lucy: Well it's just kind of like you're being labeled...you hear it all the time. When people say it, it makes me think of a place where they just shove you because you're 'youths'. It just sounds so bad, it just sounds like its where all the trouble makers go...Why can't they just do more things for young adults, like normal things like go to a nice coffee shop, but they just make us sound like as if we're so different and bad that we have to be shoved into a 'youth centre'...(Individual interview, Gold group).

Challenging the negative discourses of 'youth' and using the lexicon 'young adults' was not only seen as an important shift towards respecting young people, but also pointed to respondents' engagement with the ways in which different terms describing non-adult

status (such as youth, adolescents and teenagers) contribute to marginalisation. Fostering young people's inclusion requires moving beyond involving them in matters of concern to effect a redefinition of discourses surrounding 'youth', including the particular terms young people believed defined them as being inferior by virtue of their age.

Matty: Just be fair, just be honest.

Luke: Treat kids how you would treat adults, not treat us as if we're inferior, cos that's what it feels like, they should respect young people more (Focus group, Silver group).

In some ways, young people's discussions of respect and its links to the notion of (social) inclusion, could be seen as evidence of their assimilation of ideas akin to the Government's Respect agenda (Respect Task Force, 2006) and related discourses of citizenship circulating within the school environment. In the school context, display boards, Citizenship lessons, and discussion topics in assembly and tutor time often focused on promoting young people's respect for others, with particular attention directed towards social inclusion. Whilst promoting respect might suggest a more positive approach taken by the school, this more recent political attention to the notion of respect appeared to stem from an assumption that young people were disrespectful to others – a starting point that was challenged by respondents.

Michael: It just makes you think how ignorant some older people can be. It's just like; do they have no respect at all for young people? They should be respecting young people more, not treating them as they were all naughty five year olds.

Researcher: How do you think that would help young people?

Michael: Because I think most of all we just wanna be treated with the same respect adults demand from us.

Researcher: Can you say a bit more about that?

Michael: Well they want respect from us which half the time they don't give back (Individual interview, Gold group).

This more negative understanding of respect, as the need to reduce instances of *disrespect*, was not only seen to influence a number of resistance strategies, such as answering back to teachers, but differed from the understanding of respect present in young people's own accounts. In contrast to the unidirectional notion of respect often presented by teachers whereby young people were charged with the responsibility of showing respect to others, young people's accounts indicated a more reciprocal understanding of the concept. The potential value of this reciprocal approach for promoting young people's health was particularly evident in the few positive examples given by young people of times when they reported they had felt respected by others.

Examples of instances when young people felt respected often arose in accounts of their friendships. As argued in Chapter Four, young people stressed the value of friendships in contributing to their positive beliefs in themselves and often described these relationships as based on mutual respect. Young people in all groups discussed the ways in which they felt their friends listened to them and respected their opinions.

Researcher: Are there any times you feel respected?

Ian: Not by old people.

Carl: By our peers we get like, 'cos we're all like on the same level, we all get like treated in the same way really (Focus group, Gold group).

Luke: The only people that we can talk to at the moment is our friends because they are there for you all the time, you always hang around with them and it makes you feel happy that you can express these things which would make you even more happy if adults were able to listen to us as well, 'cos then it reflects it back to us, making us feel happy, making us feel that we can control our own lives and making us feel like we've got a say in the world (Individual interview, Silver group).

Respect was valued not only for its contribution to young people's positive beliefs in themselves, but also for its impact on health-related beliefs and practices. Respondents spoke of the positive influence their friends had on their actions as they listened to (and were often guided by) the views and opinions of individuals they felt respected by and who they themselves respected.

Rob: It's just like, 'cos you can communicate with them on a different level. It's not like when you're speaking to a teacher or someone you feel uncomfortable...whereas, when you're with your friends you can just say what you want because they have the same opinions and beliefs as you, same sort of way of thinking and you respect what they say and you listen to their opinions.

Researcher: When you say, 'on a different level', can you say what you mean?

Rob: Well you don't have to worry about what you say because they're your friends and they'll understand. I think with your friends 'cos they respect your opinions, you respect theirs and then like you kind of, you don't think about what you're saying to them (Individual interview, Gold group).

This reciprocal understanding of respect was also seen in some young people's accounts of their relationships with particular adults. In these accounts, some opportunities for shifting

power relations emerged. Certain teachers were reported to be respected by young people. When young people were questioned about these teachers and their relationships with them, their accounts linked the respect they held for these teachers to the level of respect they themselves felt they received. In particular, their accounts underscored the importance they attached to being seen for whom they were, as they warmly described how some teachers had taken time to get to know them and in doing so, showed respondents they believed in them.

Researcher: Do you think some teachers respect you?

Rob: Well like Mr Woods because he listens to your opinion on stuff instead of bossing you around...I think he's like taken time to know each of us, to know us individually and what we struggle with and what our advantages and obviously weaknesses...He sort of knows how to treat each of us, he knows us individually and he's taken time to get use to us and show us respect and that's why we're all doing so well now because we have respect for him...he's also being nice in the sense of he's respecting how we feel and showing us he's there for us and he's showing that he believes in us (Individual interview, Gold group).

Carl:...Mr Stevens like my PE teacher, is the best teacher around, because he's like so respectful to the students so he gets respect back...there's not actually a single student that don't like him (Individual interview, Gold group).

A further point of note stemming from young people's accounts about positive and respectful relationships with particular adults was the suggestion made by respondents that many of their peers would welcome the opportunity to participate in this study. Their reported enthusiasm for the research was linked to young people's preference for a reciprocal notion of respect in two key ways and provides some insight into the research

designs and methods that young people themselves believed offered an opportunity to engage with adults in more power-sharing ways.

Firstly, the broadly ethnographic approach to the research necessitated prolonged engagement in the field. The sustained time spent with young people was in itself seen by respondents as a mark of respect for who they were – in contrast to judging them for what they might be. This approach was felt to provide young people with a valued opportunity to share and demonstrate what they felt were the more positive realities of their everyday lives. Secondly, and supported by this prolonged engagement in the field, young people suggested that the respect they received during the study, in turn, enabled them to participate in the research and show respect for its aims and intentions.

Rob: Like you, we show you a lot of respect, because you show us respect, but you get teachers which don't show us respect, that's why we're loud back. I don't think you'd get anyone shout at you and start arguing with you because you show respect to us, you show you care in what we say and you listen to what we say and our opinion on stuff... You feel more comfortable with someone that respects your opinion and shows that your opinion does matter... It's a lot better you doing this, because you get teachers that do surveys and ask questions, but it just be tick boxes, you don't get to say what you really want and that's all about what people think we should be answering, not what we think about stuff. Like giving a questionnaire they're again pressuring you, they're telling you what they want to hear, they're giving you certain guidelines in what you've gotta follow whereas you just say, 'what's your opinion on this?'... So you respect us and what we think and so that's why you have so respect with everyone (Individual interview, Gold group).

Carl: Like you treat someone the way you wanna be treated, usually nine times out of ten what we say isn't really listened to, so like this 'cos you're taking the time, your own time, to come and talk to us and you're not doing it on your own like points of view, it might just be better, and like I said, you treat someone the way you wanna be treated and so this, you're not stereotyping me, so I feel comfortable so I'm showing you respect if you know what I mean? So if people actually took the time to get to know us, something like this, then they might actually see what we're really like and what really matters (Individual interview, Gold group).

These accounts not only underscored young people's preference for a more reciprocal notion of respect, but also the value young people gave to expressing their opinions and the methods they believed facilitated this respectful exchange. The emic approach taken to the research highlighted not only the strength of this style of work for accessing young people's understandings of health according to their frames of reference, but also how the research was not seen by young people as being set within, and framed by, the (negative) discourses they identified as negatively affecting their health (for example, by not starting from a position of risk or problems with young people's health). In contrast, young people were often critical of research they felt effectively silenced their perspectives and marginalised their own ways of knowing.

Despite stressing the importance of reciprocity, young people provided numerous illustrations of occasions on which they felt they received negative (and discriminatory) reactions from adults. These reactions revealed how young people's preference for more reciprocal notions of respect could inadvertently fuel disrespect between adults and young people.

Pete: They wanna be respected, but then they're not giving us respect.

Researcher: How do you think that could change?

Pete: Well rather than always grassing us up and complaining about us, come and have a word with us....What you find, residents on the streets and everything, they come and give you crap basically. We just throw it straight back at them and then that's where it comes back as in all these youths aren't very polite. Whereas if there's to come along, speak to us with respect first, rather than just gobbing off, then we're not gunna gob back...we need to get the respect we deserve (Individual interview, Silver group).

Researcher: So what happens when you feel you're not respected?

Carl: In a way you try like annoy them, 'cos they're like annoying you, you treat someone the way you wanna be treated, like they're annoying me so, in a way, I wanna annoy you, 'cos you're making me frustrated I wanna make you frustrated, it's like a vicious circle really (Individual interview, Gold group).

Carl: I think respect should be more, there should be more respect for older people towards us...

Emma: There's no respect, if they gave us respect then we'd respect them.

Carl: Treat people the way you wanna be treated...Like do we go up to like a 90 year old and go, 'urgh you're old, you have a walking stick, we don't like you'? No, we're actually, nine times out of ten, we'll probably move for them to let them sit down on the bus, and it's like they just don't treat us with respect (Focus group, Gold group).

Discussions of the lack of respect young people experienced, and their responses to this, not only highlight how dominant power relations were reinforced, but also reveal a significant tension within the concept of empowerment. When asked how respect for young people could be fostered within society, respondents repeatedly referred to the actions of adults that effectively served to marginalise and exclude them.

Dean: I wish you could just hold your head up high walking through where you live, because of not the way you dressed because you know, you don't get branded with the same eye and that some people are so, you could like hang your head high, where these days, it's hard to do that 'cos you get marked and you get shunned...It's like a no win situation, if we're not respectful we get stick, but if we're respectful we just get shunned (Individual interview, Bronze group).

Carl: It's just the same like with like older people and teenagers, we're the ones that will always get in trouble 'cos they're like older, and they're not meant to do stuff, but they're like the least respectful people out of them all sometimes.

Researcher: Who adults?

Carl: Yeah, some of the way they talk to kids and it's just like we don't stereotype them...they're so disrespectful (Focus group, Gold group).

These accounts signal how any possibilities for empowerment, based on young people's preference for the notion of respect, must also closely examine the perspectives and actions of the adults that made young people feel undervalued and excluded from society.

Lucy: They need to crush the idea that all young people are yobs.

Emma: That's what I was going to say.

Lucy: Because we're not.

Emma: They need to just break that view down.

Lucy: 'Cos even like the thing on Friday, Miss White told us that we have to wear long skirts and flat shoes and be nice and representable because otherwise they'll think we're yobs for wearing short skirts.

Emma: Yeah people have that view of Carwood School.

Charlotte: Because we've got a bad reputation...And we're not even doing anything bad.

Lucy: I think because the minority, because only the bad things get in the media and they're the minority.

Sarah: There needs to be a balance (Focus group, Gold group).

Nathan: I'd just like to see an older person, like see an advert on the news and then walk past us and not feel intimidated, not feel like they're gunna get beaten up. That would make me feel good, they just make it all sound as if we're just having unprotected sex, getting wasted, getting in fights, smoking weed, taking drugs. We're not all bad and they all think that we just get drunk, shag the first thing that comes along, do drugs. It would be nice to hear from them, like it's only a small percentage of people that do that, but not everyone. It would be nice to know that they're not actually thinking of us like that. I'd like them to present us in a better way than saying, 'oh yeah there's doing drugs, teenage pregnancies'... They can say kids are doing better in sports couldn't they? Summat like that... and let us having fun with our friends without the police having a go at us 'cos we're not causing any trouble...(Individual interview, Silver group).

Importantly, and in contrast to the bottom-up perspectives of empowerment described in much of the literature (see Laverack, 2005), young people's accounts pointed to the role of adults, government and media in challenging the (negative) conditions and discourses they saw as working against the promotion of respect between young people and adults, and consequently in promoting their health. In particular, young people wanted others to offer a more positive discourse on young people's health and alter the structures that were seen to reproduce negative discourses about young people. Whilst some evidence of the value of collective action by young people was seen in earlier chapters, possibilities of bringing forward a more positive discourse on young people based on the notion of respect were closely linked to the perceived willingness of adults to begin the process of listening, trusting and respecting young people and provide more opportunities for young people to demonstrate the positive aspects of their lives and the many contributions they made. This finding suggests the importance of both bottom-up and top-down actions for the realisation of young people's empowerment.

This dependence on adults' perspectives and actions not only demonstrates how the effects of *power through* dominant discourses limited opportunities for young people's inclusion, but also, and in contrast to current theorisations of empowerment, how the starting point for any possibilities for empowerment may not actually begin with young people themselves. Young people's accounts here challenge the suggestion that empowerment is exclusively a bottom up process (supported by the individualised development of psychological attributes). Instead, they point to the important role played by those in positions of power, such as adults, in providing and facilitating the necessary pre-conditions for empowerment. However, in doing so, a fundamental paradox exists since those in a position to facilitate possibilities for young people's empowerment were also seen to be part of the problem.

The different perspectives seen in accounts given by young people and adults raise some critical questions about how empowerment may be facilitated by those who were also seen to (re)produce the dominant discourses young people saw as adversely affecting their health and which they wished to challenge. The concept of empowerment remains problematic when young people look to, and are dependent upon, the willingness of adults to challenge negative (mis)understandings of young people and thereby (re)construct a more positive discourse on young people's health.

Chapter summary

This chapter has examined some of the different ways young people sought to influence matters of concern to them. Listening was seen to be a key prerequisite for fostering young people's inclusion and, in particular, redressing the effects of *power through* dominant discourses which come to define the validity and integrity of young people's perspectives. The notion of choice was also valued for enabling young people to exercise *power to* and *power over* their own lives and, in doing so, challenge *power through* dominant discourses that position them as being largely incapable of making (positive) decisions for themselves. Finally, the value of a more reciprocal exchange of respect between adults and young people was seen as being fundamental to developing a positive appreciation of young people and what they do – offering some potential to shift power relations and foster a more positive discourse on young people in support of their health.

Developing this positive discourse highlighted a number of tensions for the concept of empowerment, as young people looked to adults to develop a deeper and richer understanding of their lives and instigate positive social change. Here, a fundamental paradox emerges whereby the actions of those in a position to facilitate the prerequisites for young people's empowerment were also instrumental in limiting possibilities for change. Whilst adults were seen by young people as key instigators of change, young people's dependence on adults to shift their perspectives on young people raises questions about whether empowerment can be understood as exclusively a bottom-up process.

Chapter Seven

Empowerment and its relationship to young people's health

This study has sought to analyse some of the complexities underpinning concepts of empowerment and, in particular, has aimed to identify the concept's relationship to young people's health. Specifically, the investigation has examined the possibilities for, and limitations of, empowerment among young people from an emic perspective. In doing so, the study not only highlights a number of tensions for existing theorisations of empowerment, but also raises questions about the relevance of official health discourses to young people's own understandings of health.

Based on findings from this study, this chapter focuses more closely on the concept of empowerment and its possible links to young people's health. The discussion addresses three key issues within the current health promotion literature on health and empowerment. Firstly, the chapter identifies some of the assumptions that emerge from the conceptual distinction often made between individual and collective notions of empowerment. The analysis that follows examines these assumptions more fully and considers the implications of this study's findings for both individual and collective approaches to empowerment among young people. In doing so, the discussion challenges existing theorisations of empowerment which suggest there is a relatively linear continuum from individual to collective action.

Secondly, the chapter problematises the distinction often drawn in the literature between processes and outcomes of empowerment. The discussion illustrates how processes of empowerment can in fact result in variable and indeterminate outcomes. These unintended effects, in turn, affect subsequent responses (both those of adults and young people themselves), creating both possibilities for, and limitations of, young people's empowerment.

Thirdly, as argued in previous chapters, current concepts of empowerment often fail to work with an adequate theorisation of power. This omission has a tendency to oversimplify the relationship between power and empowerment as it affects young people's health. Drawing on Lukes' (2005) tripartite perspective of power, the chapter aims to offer a more theoretically informed conceptualisation of empowerment to advance understanding of the concept's relationship to, and relevance for, young people's health.

Crucially, this chapter seeks to offer a more dynamic and generative conceptualisation of empowerment than hitherto, informed by a multi-dimensional perspective of power. A conceptual framework for empowerment as it relates to young people's health is proposed, based on two distinct, but inter-related, understandings of health (see Appendix IX for illustration of the developed framework). The first, more dominant perspective is premised on the normative frames of reference that inform official health discourses; the second reveals some more alternative discourses on health which have emerged from young people's own accounts.

In this study, these two competing understandings of health were seen to inform six different ways of understanding empowerment. These six conceptually distinct forms of empowerment capture and synthesise individual, structural and ideological elements of power that differentially, and sometimes inconsistently, shape the possibilities for, and limitations of, young people's empowerment. Importantly, these different forms of empowerment intersect to shape and reproduce relations of power and offer different (and sometimes competing) possibilities for health promotion.

The chapter commences though with a more thorough engagement with some of the conceptual tensions within existing theorisations of empowerment, before proceeding with an analysis of this study's findings using each dimension within Lukes' perspective of power, and the various forms of empowerment these produce. The chapter concludes by detailing some of the implications this new framework may hold for furthering an understanding of the concept of empowerment and its relationship to young people's health.

Conceptualising empowerment

Previous chapters have pointed to some of the diverse, and competing, meanings of empowerment in the literature. Chapter Two outlined existing conceptualisations and the uses of the term within the health promotion literature. This discussion not only exemplified the increasing popularity of empowerment in a range of contexts, but also

pointed to inconsistencies and conceptual tensions within the concept. Definitions of empowerment vary considerably in the emphasis placed on individual or collective approaches, and empowerment as a process and/or outcome (Rissel, 1994; Rodwell, 1996; Tones and Tilford, 2001). Much of the mainstream health promotion literature draws a distinction between psychological or individual empowerment (primarily drawing on theories from social psychology) and community or collective empowerment (drawing on theories from community development and specifically, Freire's [1996] notion of *conscientização* or Critical Consciousness Raising [CCR]).

Within this body of literature, empowerment is frequently presented as a bottom-up process whereby individuals and groups identify their own concerns and the means to address these concerns (Laverack, 2005). This understanding of the concept captures the idea that empowerment is developed and gained by people themselves, rather than granted or given by others (Tones, 1998a and b; Laverack, 2005; Williams and Labonte, 2007), the latter implicitly suggesting the imposition of *power over* by those more powerful (Labonte, 1989, 1993; Gomm, 1993).

Empowerment has been further described as a continuum from individual to collective action (Labonte, 1993; Laverack, 2004, 2005) whereby increases in self-esteem and self-efficacy (individual empowerment) are often seen as creating possibilities for collective consciousness raising and critical action (community empowerment). Critical action is then, somewhat unproblematically, viewed as capable of triggering changes in the social conditions negatively affecting health (Laverack, 2005). This rather linear

conceptualisation highlights how processes of empowerment, in terms of building an individual's self-esteem and self-efficacy, may in themselves be seen as health promoting (Tones, 1998a & b; Tones and Tilford, 2001), but are also necessary prerequisites for the next 'stage' of empowerment and more collective responses (ibid). It is the combination of these individual and collective processes that is said to prompt changes in the social context or, more often, the health status of individuals and groups (Laverack, 2005).

For example, Scriven and Stiddard's (2003) analysis of empowerment has illustrated how increases to young people's personal competencies through the development of health-related knowledge skills, can be instrumental in bringing about changes in the school environment, including the introduction of healthy food and increasing opportunities to engage in physical activity. Similarly, Wight and Dixon (2004: p. 5) describe how modifying individual cognitions by increases in confidence and self-efficacy can help young people better negotiate sexual encounters.

These discussions, however, offer a rather unidirectional understanding of empowerment, and present a somewhat pre-identified end-point or a set of particularly desired, empowered outcomes, such as increasing young people's engagement in physical activity or negotiating condom use with partners. What this literature fails to address, however, are the ways in which processes of empowerment may also result in more variable and indeterminate consequences or outcomes which may not be deemed health-promoting by official perspectives. These unintended outcomes of processes of empowerment may, in turn, shape subsequent responses to these unintended outcomes by both young people and

adults, suggesting a more complex relationship between processes and outcomes of empowerment.

For instance, an increasing body of literature has shown how increases in young people's self-esteem can contribute to the decision to act against official health advice as an expression of autonomy and resistance to health promotion (West and Sweeting, 1997; McGee and Williams, 2000; Turner and Gordon, 2004; Katainen, 2006). The tendency to assume that processes of empowerment will result in actions that are in line with officially-defined positive health practices and outcomes ignores the different priorities some young people may have in relation to their health and alternative ways to promote it.

There is also little recognition in the current literature of the ways in which processes of empowerment are themselves shaped and determined by context. In the present study, young people's positive belief in themselves, as an indicator of more individualised forms of empowerment, was found to be closely linked to young people's social position. Consequently, understanding what influences young people's discussions of a positive self belief, for example, is important because any changes to these (social) factors may well impact (positively or negatively) on processes of empowerment.

In some cases, the possibility that outcomes from processes of empowerment may inadvertently contribute to the reproduction of some of the social conditions which appeared to negatively influence young people's health warrants further analysis. Young people's resistance to dominant perspectives through, for example, questioning adult

authority, often had the effect of confirming the opinion that young people are disruptive, thereby strengthening the very authority young people sought to challenge. Examples such as these illustrate some of the more complex and less determinate ways processes and outcomes of empowerment can result in the reinforcement of the status quo, rather than bringing about the forms of social change suggested in much of the current literature.

A further significant omission in many existing discussions has been a fully fledged engagement with the workings of power. As previously argued, the multiple ways in which power has been theorised hold different possibilities for understanding related concepts of empowerment. Under-theorised notions of power in much of the literature have a tendency to oversimplify the relationship between empowerment and health. By unproblematically linking increases in individual self-esteem and self-efficacy with positive health outcomes, the current literature downplays the diverse ways in which power shapes the social structures and contexts in which health is enacted and experienced.

Goldenberg *et al.* (2008), for example, exposed some of the broader social factors (age, gender and income) impacting on young people's sexual health. These wider factors were seen to shape the particular vulnerabilities young people experienced (and their opportunities to act) as a consequence of their location within a specific social context.

Towards a conceptual framework for understanding empowerment

Informed by Lukes' (2005) tripartite perspective of power, and drawing on young people's own narratives, this chapter takes forward the above concerns through the development of a new conceptual framework for understanding empowerment. This new framework helps to understand better the complex relationship between power and empowerment as they affect young people's health. Lukes' three dimensional analysis of power is especially appropriate in this respect since it provides a framework that integrates the multiple ways in which power may operate at individual, structural and ideological levels. This form of analysis brings to the fore some of the tensions within existing theorisations of empowerment, but also offers the opportunity to examine the constructive possibilities for power and empowerment to bring about change that promotes young people's health.

Fundamental to the development of this new conceptual framework for understanding empowerment is the acknowledgement of at least two different understandings of young people's health found within this study. The first, and more dominant perspective, is premised on the normative frames of reference that guide current official health discourses. For example, analysis of policy and health-related literature reveals the predominance of concepts of 'risk', with particular attention given to negative health outcomes and 'risky' health-related practices. These dominant perspectives provide varying, but often very limited, understandings of how contextual and structural features affect health perspectives, practices and outcomes.

However, within this study, young people's own accounts of health often emphasised how their immediate environment and their relationships with significant others within these affected their health. Young people's accounts also offered alternative, more positive discourses about health which reveal potentially counter-hegemonic tendencies. By examining these alternative perspectives on health, alongside more mainstream perspectives, some of the limitations of existing conceptualisations of empowerment can be revealed. This exposure provides impetus for developing new understandings of empowerment and their relationship to young people's health.

The proposed framework for empowerment is organised around these two distinct understandings of health (the dominant and alternative) and draws in particular on Lukes' three dimensions of power: *Power to*, *Power over* and *Power through*. The framework identifies six different, but co-existing, forms of empowerment which intersect with one another and differentially, sometimes inconsistently, shape possibilities for, and limitations of, empowerment for health.

Power to...Impositional and dispositional forms of empowerment

As previously argued, much of the literature on young people's health supports a *power to* conceptualisation of individual empowerment by calling for the development of young people's self-esteem, confidence and motivation to increase personal control and enact 'healthy' decision-making (see for example, Tisdall and Davis, 2004; Pearson, 2006).

Drawing heavily on normative and developmental frames of reference from within social psychology, this individualistic approach is reflected in official health discourses that stress

the importance of increasing young people's knowledge and personal skills to reduce or stop their engagement in health-related practices that might be considered risky or harmful (DH, 2004a, 2010a; DCSF/DH, 2009). Implicit within these accounts is the idea that many young people are deficient in certain skills and attributes arising from their perceived lack of maturity. This 'immaturity' positions young people as being largely incapable of making informed, positive and healthy decisions for themselves.

“Working with communities and schools to develop young people's confidence and self-esteem. Empowering them to take better decisions when young, so that they enjoy greater health and well-being through life... So that young people see drug use and binge-drinking not as a sign of being adult, but as evidence of their immaturity...”
(Lansley, 2010: Speech to the UK Faculty of Public Health).

These individualised and imposed understandings of the concept constitute what might be described as an *impositional* form of empowerment. In contrast to the bottom-up strategies for empowerment discussed in much of the literature (see Laverack, 2004, 2005), this impositional form is more prescriptive and organised around the development of young people's individual capacity and *power to* enact informed healthy decisions in line with official health perspectives.

Evidence of this impositional form of empowerment was seen frequently in this study. For example, in the school environment, display boards, tutor time and some lessons emphasised the importance of developing self-esteem and confidence as key prerequisites for young people's health and well-being. Similarly, the accounts given by professionals, and some young people themselves, seemed to stress the importance of these more

individualised usages of empowerment. In Chapters Four and Five, the descriptions given by adults working with young people drew attention to young people's problematic behaviours and the potential negative impact these had on their health. In particular, some adults stressed the value of increasing young people's self-esteem and confidence to enable them to resist 'peer pressure' and thereby promote their health in accordance with official health discourses.

...I think there's an awful amount of peer pressure to do things, they often feel pushed into situations and they don't have the confidence to protect themselves...(Interview, School Welfare Officer).

Similar examples were evident in young people's discussions of their home lives. Young people described how their parents were also concerned about the effects of peer pressure and young people's potential engagement in risky health practices when out with friends, such as drinking alcohol or having sex. This parental concern was described by young people as limiting their opportunities to be with friends, as parents often set clear boundaries about when, and with whom, young people could go out.

Based on findings from this study, however, impositional empowerment is conceptually problematic when examining its links to young people's health. First, as illustrated, this form of empowerment is based on the imposition of dominant ideas of what it means to be healthy, and thus undermines the notion that empowerment is something developed and gained by [young] people themselves (Laverack, 2005; Williams and Labonte, 2007). Not only does such a top-down form of empowerment assume that young people can be

empowered by others but, crucially the concept fails to question whether young people themselves see such a form of empowerment as being an effective way to promote their health.

Second, this impositional understanding of empowerment assumes that young people will be empowered through increases to their individual self-esteem and confidence. This downplays the effects of the structures and ideologies that shape (and frequently limit) the possibilities for (young people's) empowerment (Williams and Labonte, 2007). Moreover, in this study, whilst young people occasionally referred to notions of confidence and self-esteem in their discussions of health, their accounts drew greater attention to the relational aspects of developing a 'positive belief in the self'. Young people's descriptions of a positive self belief suggested a more fluid interpretation of self-esteem and confidence which, rather than being internal to the individual, was seen to be shaped by context in general, and gendered power relations in particular.

Chapter Four illustrated how young people's accounts of their positive self belief were closely tied to ideas of *knowing I can do something*, *looking good*, and *talking to others*. These three aspects of young people's positive self belief were rarely discussed in terms of individualised and de-contextualised processes of personal development, but more often reflected the importance young people gave to their social position as a factor influencing how they felt about themselves.

Researcher: Can you tell me what you mean by confidence?

Melissa: Like being able to go up to say, for example, with boys and I was liking one of them, if I look, if I feel as if I look good, like confidence to go over to them and just start chatting to them...(Individual interview, Silver group).

Researcher: What things help you believe in yourself or support your confidence?

Charlotte: Well the people around me telling me that you can do something (Individual interview, Gold group).

Third, by suggesting the need to empower young people, impositional forms of empowerment appear to adopt a zero-sum perspective of power in which young people are constructed as being relatively powerless to act – a position young people in this study often sought to challenge. Such an approach runs counter to the more positive, animated and ‘ludic’ ways young people described their health. By drawing attention to deficits and negative behaviours, this form of empowerment may actually reinforce the same negative discourses young people saw as adversely affecting their health and shows how processes of empowerment may carry unintended (and negative) outcomes. As the discussion will later illustrate, the unintended consequences or outcomes of empowerment shape subsequent responses by young people and adults, and thus influence the possibilities for, or limits to, change.

Fourth, and finally, impositional forms of empowerment downplay evidence of young people’s *power to* act according to their own understandings of health, which are often different to the more top-down, imposed meanings found in official health discourses. Although young people were aware of, and at times played back these dominant perspectives, they also framed their own health in more positive ways. These alternative

perspectives on health provide examples of young people's *power to* define and act in line with their own understandings of health, and draw attention to a second form of empowerment based on a *power to* conceptualisation.

In contrast to the deficit model that characterises impositional forms of empowerment, most usually young people demonstrated their knowledge of official health perspectives and alternatively provided a more nuanced appreciation of how their health was both constrained and facilitated by contextual factors, such as the school environment. These contextual factors provided different opportunities for young people to act and promote their health according to their own frames of reference. For instance, young people were often seen to create their own and innovative ways to enjoy themselves by defining what was seen as being 'fun' within the classroom, or when out with friends.

These moments of fun provided evidence of young people's *power to* act according to their own perspectives on health, but also of how their opportunity to do so was often determined (and limited) by the various ways in which adults (re)asserted their authority – by preventing young people from 'hanging around' in parks or by enforcing school rules. Both these actions served to limit the collective opportunities young people felt they had to enact the more positive and pleasurable aspects of their health.

Gina: ...They're keeping young people off the streets so people don't get irritated, not for our health...the Government themselves don't really make a big deal out of how to make young people happy, they do it of more how to get them off the streets, they don't think about the happiness, just how to get rid of us...But when I go out I don't cause any trouble...I'm just trying to be happy and have fun with my friends...(Individual interview, Gold group).

Similarly, some young people, such as Kelly and Sonya from the Bronze group, felt that opportunities to demonstrate their *power to act* were limited by the ways in which the school had positioned them as being largely incapable of making important decisions about their lives. In contrast, in their descriptions of life at home, these same young people offered examples of their abilities to take on a number of responsibilities as they (independently) managed family health problems or provided care for younger siblings.

Here, examples of young people's propensity or inclination to act can be seen as a second or *dispositional* form of empowerment, highlighting the ways in which their *power to act* was determined, and often limited, by the broader social context and, in particular, those around them. Crucially, this latter form of empowerment captures the important social aspects of young people's health that were seen to create some possibilities for empowerment in line with young people's own experiences and perspectives.

Whilst both dispositional and impositional forms of empowerment are informed by a *power to* conceptualisation of power, these two understandings of empowerment are conceptually distinct; the former does not imply young people's lack of capacity to act, but stresses how an inclination to act is shaped by social context. By drawing attention to the

importance of context in shaping young people's possibilities for empowerment, this second understanding of the concept helps better explain one of the study's key findings; namely, why young people appeared to act inconsistently in different situations.

Overall, this part of the chapter has examined study findings that illustrate Lukes' first dimension of power and forms of empowerment arising from the *power to* act. Two conceptually distinct forms of empowerment have been discussed: *impositional* and *dispositional*. The former reflects dominant perspectives about young people, health and empowerment and is largely premised on others (most usually adults) developing young people's capacities and capabilities to act. The latter form of empowerment derives more strongly from young people's own frames of reference in relation to health and does not assume a position of powerlessness, but highlights how contextual features strongly influence young people's potential to be empowered.

Power Over...Concessional and oppositional forms of empowerment

Discussion will now turn to examine the study findings which illustrate Lukes' second dimension of power, and the forms of empowerment a *power over* conceptualisation might suggest.

In the literature on young people's health, there are numerous examples of young people's involvement in shaping health-related agendas and more participatory efforts to elicit young people's perspectives on health concerns (Rindner, 2002; Cavet and Sloper, 2004; Ataöv and Haider, 2006; Percy-Smith, 2007; Percy-Smith and Thomas, 2010). In line with

the 1997-2010 Labour Government's participation agenda (DCSF, 2003; DH, 2004a; Skidmore, Bound and Lownsborough, 2006), this perspective stresses the development of a partnership approach to the promotion of young people's health.

“Successful provision includes young people in its design and development, its running and its decision-making processes. This gives them a sense of empowerment...” (DCSF, 2007: p. 23).

Whilst these participatory approaches appear to align with a more bottom-up strategy informed by young people's own concerns, these types of decision-making processes are often located within a pre-defined range of options based on adult-led priorities. This approach to young people's health might therefore be described as a *concessional* form of empowerment. Whilst concessional forms of empowerment may accommodate young people's views, they rely largely on agreement being reached within adult-framed and controlled systems of change. Changes to social context may take place, but these are often tokenistic concessions made to sustain an impression of young people having *power over* others and other situations in order to change their own lives.

Evidence of concessional forms of empowerment was seen frequently in this study.

Within the school environment young people's participation and *power over* setting health-related priorities was actively encouraged through various formalised committees such as the School Council and School Parliament. Teachers and some young people viewed these fora positively, giving young people the opportunity to express their opinions and influence matters of concern to them.

Despite some evidence of support for these committees, criticisms were made by many young people regarding the ability of such mechanisms to take their concerns seriously. Fora such as the School Council were frequently described as ‘serving the interests of the school’, rather than responding to the concerns of young people themselves such as changes to school food or improvements in the condition of the school toilets. Of particular concern to young people were the ways in which they felt the School Council merely created an illusion of their having *power over*, through concessionary and tokenistic actions.

Ian: It’s just so young people can feel like they’re doing something when they’re not. I don’t want to sound really sceptic, but it’s just like a cover, they just wanna seem they’re like taking the views of the pupils’ into account when they’re actually just doing what they want (Individual interview, Gold group).

Tokenism with regards to participation is highlighted in findings of other research, particularly with respect to the marginalisation of young people’s perspectives (Alderson, 2000, 2008; Johnny, 2006; Wilson, 2009). These broader discussions, and evidence from this study, highlight young people’s awareness of the assumed participatory intentions of concessional forms of empowerment and the exclusionary mechanisms that may operate within them. In this study, young people’s accounts signalled their resistance to systems and structures they felt failed to take seriously young people’s own perspectives.

This reported failure to take young people’s perspectives seriously– a finding highlighted elsewhere in the research literature (Cavet and Sloper, 2004; Boylan and Ing, 2005;

Warwick *et al.*, 2005) – was not only felt to limit opportunities to influence the shaping of school priorities, but was also closely linked to the expression of views and ideas that contrasted with received adult opinion. Specifically, when offering a different opinion from that of teachers and other adults, young people described the negative reactions they received, including being sent out of class or being ‘grounded’ by parents.

Rob: If they say what is your opinion on something, and then you say something they don’t want to hear, you can get told off for it or you can get done for it because it’s not what they want to hear.

Researcher: So when they ask you for your opinion what do you think they expect?

Rob: Exactly, I think they just expect, when they ask for your opinion, they expect along the lines what they wanna hear...they don’t like it, they don’t like your opinion. They sort of telling you what they’re supposed to tell you, but it’s not always how it actually is in real life...(Individual interview, Gold group).

Consequently, whilst concessional forms of empowerment may offer opportunities for young people to express opinions within the school, these opportunities were thought to be open only when young people’s views aligned with the opinion of teachers and other adults. Validation of young people’s perspectives as being either ‘right’ or ‘wrong’ exemplified how adults often retained *power over* which (and whose) views were deemed permissible to express within any given context. Marginalising young people’s views in such a way limited the opportunities young people had to exercise their own *power over* decision-making and effectively excluded their opinions from reaching (and influencing) mainstream discussion.

For example, when questioning the perceived fairness of school or parental rules or sanctions, young people described how their attempts to put forward their views were frequently interpreted as being disruptive and disrespectful. Whilst on some occasions adults would listen to their perspectives (although did not always act upon these), the dismissal of young people's opinions more often served to undermine the integrity of young people's perspectives as a valued form of knowing. By framing young people's opinions as 'wrong', dominant framings reduced young people's perspectives to a position of invalidity and not to be trusted. Examining young people's responses to these processes of invalidation, however, highlighted an alternative and fourth understanding of empowerment based on a *power over* conceptualisation.

Crucially, young people's challenges to adult perspectives provided evidence of a form of critical consciousness that might prefigure more collective forms of empowerment. In this study, young people were often seen to question or make fun of the perspectives of teachers in their discussions with friends. Similarly, on a number of occasions within the school, young people questioned adult opinion by 'answering back'. These examples of young people's resistance to dominant perspectives may be seen as what might be called an *oppositional* form of empowerment. This oppositional empowerment engages with and represents critical issues for young people as defined by them, and seeks to promote young people's own agendas and concerns, including their counter-discourses and practices.

In this study, of most concern to young people and their health were the various (negative) judgements made about them which they felt signalled a widespread lack of trust and

respect for young people generally. These misrepresentations were not only reported to impact negatively on young people's health, but often sparked resistance. Whilst on some (rare) occasions, young people's 'resistance' (as a form of oppositional empowerment) actually subverted the normal order of the school, these challenges to dominant systems of meaning were largely viewed by adults as being disruptive and often resulted in efforts to reinforce school or parental rules.

In line with a body of literature examining concepts of resistance within youth sub-cultures (Jefferson, 1976; Clarke *et al.*, 1976; Aggleton, 1987; Raby, 2002, 2005), this oppositional form of empowerment therefore had little effect on changing dominant systems of meaning and effectively reinforced dominant relations of power since, all too often, young people's oppositional actions were taken as evidence of their 'immature' and disruptive behaviour. This latter point is exemplified and examined more closely in the subsequent discussion on *power through* forms of empowerment.

Because of this, we may properly see many oppositional forms of empowerment as instances of contestation (c.f. Aggleton, 1987). While in some circumstances critical consciousness raising might be considered the first step towards more collective empowerment, in this study young people's awareness of the *power over* them did not bring about major changes in the school environment and often had the unintended consequence of reinforcing existing relations of power. These unintended consequences of opposition provide further evidence of some of the more negative outcomes that can arise

from empowerment. These unintended outcomes, in turn, shaped subsequent responses by adults, as young people were often sanctioned for their 'disruptive' behaviour.

Awareness of the power others exercised over young people more often than not resulted in expressions of frustration and an unwillingness to act. This lack of action did not, however, signal a form of 'false consciousness' (Freire, 1996). As shown earlier (see p. 206-208), young people in this study were highly critical of the diverse ways in which power was exercised over them and demonstrated insight into the ways in which their resistance contributed to, and strengthened, adult sanctions. Instead, young people's apparent lack of action signalled their frustration at the tendency of many adults to dismiss their ways of knowing and the limits to which young people could effectively challenge adult opinion. These limits often led young people to believe there was little point in trying to effect change. It was in young people's accounts of their abstaining (as a form of oppositional empowerment), however, that we can begin to see some constructive possibilities for changing dominant systems of power.

Although relatively rare in this study, there were times when young people appeared to simply comply with the directions of adults, for one of two key reasons. First, as discussed, young people were aware of the dangers of reinforcing the view that they were troublesome, by challenging adult opinion. Second, dominant negative images of young people were believed to be so far removed from the reality of their own lives that young people in this study described how they simply could not be 'bothered' to engage with these perspectives and often complied with the directions of adults as a consequence.

Simon:... You just think why bother, they're not gunna listen so why bother saying anything to try and change anything...(Individual interview, Gold group).

Sarah: It makes you feel why bother? They're gunna think that no matter what you do, so why bother trying to change that? (Individual interview, Gold group).

Evidence of young people's apparent compliance with adult authority, however, did not signal their acquiescence or agreement, but was illustrative of the extent to which they strongly disagreed with the idea that young people were inherently bad. Displaying what seemed to be a form of passivity was a powerful way in which young people were able to challenge dominant problematising discourses by appearing to simply accept and conform to the directions of adults. This 'resistance through inaction' can be seen in the following account:

Rob: I've been pulled over a few times...we haven't, we're not, we walking from the Astro back to my mate's house...and the police they just stopped us...

Michael: It's a bit degrading.

Rob: They've asked to search our bag and 'cos obviously they're police you've just gotta do what they say otherwise you'll get done, but it's like, they just stereotype you and categorise you, teenagers always get accused of doing something and we just gotta do what they say...(Focus group, Gold group).

These examples illustrate that what might on first impression appear to be inconsistencies in young people's accounts and actions; young people's displays of resistance *and* apparent

‘abstention’ can be better understood as two related strategies of opposition to dominant perspectives, but with differing outcomes and effects.

Overall, this part of the chapter has examined the study findings that point to evidence of collective notions of empowerment at the second dimension of power. Two additional forms of empowerment were identified based on a *power over* conceptualisation: *concessional* and *oppositional*. The former captures the more formalised systems of young people’s *power over*, and the latter young people’s resistance *and* apparent abstention from action (as a form of opposition) to dominant systems of meaning. Specifically, this part of the chapter has illustrated both some of the unintended consequences resulting from young people’s resistance, but also some of the constructive possibilities for change emerging from oppositional forms of empowerment.

Power through... Normative and transformative forms of empowerment

Discussion will now examine study findings illustrative of Lukes’ third dimension of power, and the emerging forms of empowerment that a *power through* conceptualisation might suggest. This dimension of power is explicitly ideological in nature and draws attention to the processes of social and cultural reproduction that legitimise dominant frameworks of understanding as being part of the natural order of society.

Critical social theory, and more recent post-modernist understandings of power, have examined these processes of social and cultural reproduction in detail and have sought to illustrate the potential ways young people’s resistance to dominant discourses may shift

relations of power. For example, drawing on Gramsci's (1971) concept of hegemony, early youth sub-cultural analyses examined young people's resistant and counter-hegemonic practices, with a particular focus on the reproduction of class and other inequalities (Clarke *et al.*, 1976; Jefferson, 1976; Willis, 1977; Aggleton, 1987). More recent work, often informed by Foucauldian perspectives (1980) on power and post-modernism, has similarly examined the potential for young people's resistance to dominant (gender) discourses to shift power relations (Allen, 2003; Renold, 2004; Youdell, 2005; Maxwell, 2007; Raby, 2010).

In this study, the consequences of *power through* frameworks of understanding were closely tied to the social category of age and, in particular, the reproduction of widespread assumptions that link 'adolescence' to a developmental period and time of risk. These dominant perspectives about adolescence were frequently replayed in both the accounts of adults and those of some young people in this study. For example, teachers and other professionals working with young people often made reference to the links between youth, immaturity and risk and understood this as part of the normal 'storm and stress' of adolescent development (Hall, 1904).

I think it's just the age they're at, young people of that age, I think they're succeeding within their peer group, because they're seen as the one that will take risks, the one that's game for anything. But if they stop to think, dared to stop and think about it...but I guess it's just about growing up isn't it? (Interview, Social and Emotional Aspects of Learning [SEAL] Co-ordinator).

Young people themselves were also seen to take up and reproduce these perspectives. Drawing upon (negative) images of young people in the media, participants across all groups appeared to adhere to notions of the risky young Other (c.f. Hollingworth and Williams, 2009). At times some young people, particularly those in the Bronze and Silver groups, questioned their abilities to achieve in both academic and non-academic activities. Other young people appeared to devalue their non-adult status and aspired to a future more competent self (James and Prout, 1997) (a feature in many of the Gold group's narratives), through the suggestion that they were too young to influence matters of importance until they themselves were adults.

Researcher: Do you feel you can influence things in your life?

Claire: I don't because I'm a child. Well, I count myself as a child, a teenager (Individual interview, Gold group).

Simon: I'm just a kid, I don't think I could influence anything (Individual interview, Gold group).

The reproduction of these dominant perspectives also revealed a gendered dimension. For instance, young men in the study were more often linked to problematising discourses than young women. Specifically, young men described how their appearance often attracted attention and how their behaviour was seen as being disruptive or 'anti-social' by teachers and members of the public. These assumptions about young men's behaviour were further linked to their stage of (im)maturity and biological development.

Lisa: I think it's just boys, like they don't mature to like when they're 18.
Researcher: So you think there's a difference between the boys and girls?
Lisa: Yeah, the boys the same age are just so immature compared to girls...Boys seriously don't mature...I think, generally the boys in our year aren't mature...but their brain, it's actually a true statement though isn't it that their brain is a year below us, like their brain isn't properly developed until they're 18...(Individual interview, Gold group).

Young people's own use of these dominant perspectives was particularly pronounced when attempting to explain social differences between themselves, other young people and adults. These illustrations exemplified how generation not only defined and shaped the everyday lives and experiences of young people (Mannheim, 1952; Alanen and Mayall, 2001; Jupp, 2007), but also divided participants from other young people. The different ways young people reproduced these perspectives highlighted the pervasive ways *power through* dominant discourses limited the opportunities for young people to recognise themselves as sharing a 'common social location' (Mannheim, 1952), creating significant barriers for the possibilities of realising collective empowerment. Furthermore, any recognition of young people occupying 'common social location', rather paradoxically, would seem to necessitate young people to identify themselves as being young – thereby potentially aligning themselves with the normative assumptions they also used to describe other young people.

Of significance to the reproduction of these perspectives was the contribution of health promotion. Through its focus on risks to health, while emphasising the need to build young people's self-esteem, health promotion initiatives were criticised by young people for portraying a largely negative picture of young people and their health based on

assumptions about their maturity and engagement in risky health behaviours. This negative approach not only marginalised the more positive ways young people described their health (thereby downplaying the promotion of health according to young people's own frames of reference), but also supported the suggestion that immaturity and risk are specific to those of a particular (younger) age.

Despite evidence of assimilation, more often than not, young people identified these discourses, and their effects, as discriminatory and a form of 'ageism'. Indeed, young people in this study frequently described the unfair treatment they experienced as a consequence of their non-adult status (c.f. Morrow, 2000, 2001; Mason and Falloon, 2001; Tucker 2003) and, specifically, the negative effects that being seen as 'immature' and 'troublesome' had on their health. However, despite such criticisms, and as previously described, participants did not recognise themselves as sharing a common social location that may prefigure collective forms of empowerment.

Lucy: I don't think that adults or people in society realise that when they put this image of teenagers all being yobs that they're actually affecting the teenagers. I know that we just live with it as a way of life, the fact that people expect us to be bad and horrible. We shouldn't have to feel like that.

Researcher: When you say 'you feel it', how does it make you feel?

Lucy: It makes you unhappy, it makes you feel worthless...It does make you feel bad (Individual interview, Gold group).

During discussions about their own health, many young people challenged ideas about their immaturity by suggesting they were quite knowledgeable about the risks associated

with health behaviours such as smoking and drinking (c.f. Skidmore and Hayter, 2000; Denscombe, 2001a & b; Stjerna, Lauritzen and Tillgren, 2004). Whilst these discussions may indicate something of the recent success of health education in schools (DCSF/DH, 2005; Warwick *et al.*, 2005), these accounts also demonstrated young people's criticisms of some of the widely held assumptions about young people, risk and health. In this study, respondents often stressed their abilities to make their own decisions about their health. Indeed, examples of their dispositional empowerment provided evidence of young people's ability to act according to their own understandings of health. However, by acting against official health discourses (and the normative assumptions they make about age), young people in this study unwittingly reinforced the adult view that they were not responsible or mature enough to make positive decisions for themselves.

Evidence of young people's criticisms of these dominant perspectives point to a form of empowerment that seeks to challenge many of the normative assumptions linked to their non-adult status. However, outcomes of this form of empowerment were seen to be highly 'reproductive' in that they strengthened and reproduced existing power relations. This form of empowerment may therefore be described as *normative*. Normative empowerment draws attention to the ways in which *power through* dominant frameworks of knowledge come to define and legitimate currently accepted social 'truths'. Whilst these truths were often contested by young people in both their narratives and practices, these challenges ultimately served to reinforce and reproduce dominant frameworks of understanding and relations of power.

Examples of normative empowerment were frequently seen in this study. Young people often criticised the school's cohort system which not only seemed to reflect wider social norms about young people's differing developmental capabilities (Darbyshire, MacDougall and Schiller, 2005; Allen, 2007; Jupp, 2007), but also reflected the idea that young people displaying 'challenging behaviour' required specific treatment. Young people themselves, however, perceived these structuring processes as evidence of the school's preferential treatment of some young people. For some young people, particularly those from the Bronze group, this differential treatment of various groups of young people was thought to limit their options in later life. Whilst teachers often justified this approach as 'protecting' young people's 'best interests', members of the Bronze group described how assumptions made about their abilities and behaviour ultimately 'fixed' them in a lower social position.

A further example drawn from observational work highlighted how assumptions about age downplayed evidence of dominant gender power relations. For instance, during a science lesson Carl (a member of the Gold group), challenged the accuracy of information presented by the (female) teacher. This challenge was quickly dismissed and Carl was sent out of the lesson for causing a 'disruption'. In a subsequent science lesson, it was confirmed by the Head of Science that Carl's challenge was indeed correct. Despite this public admission, the teacher concerned refused to concede the point and appeared to avoid the topic despite Carl's insistence that she simply confirm that he had been right and she was wrong. The teacher's final comment was to suggest that Carl's challenge was typical of 'boys being boys'.

These examples of young people's normative empowerment offer an understanding of how the operation of *power through* the social category of age not only continued to position young people as inferior, but also worked alongside other forms of social organisation such as class and gender (c.f. Mason and Fallon, 2001). Crucially, young people's age appeared to operate as a vehicle through which other forms of inequality were explained away to maintain and strengthen prevailing regimes of power.

Importantly, young people did at times demonstrate an awareness of the reproductive outcomes of normative empowerment. For example, Carl later described how his labelling as disruptive by his science teacher made any further challenges to this, or other, teachers' knowledge problematic. Meanwhile, the girls in the Bronze group described how developing aspirations for themselves in terms of their future career pathways (such as wanting to be hairdressers or chefs) confirmed the perspective that they lacked knowledge about the 'real' world and a full understanding about what such high aspirations might involve.

It was during young people's discussions of the reproductive effects of normative forms of empowerment that some constructive possibilities for challenging *power through* dominant frameworks of understanding emerged. In their accounts of how best to promote health (which usually focused on the positive aspects of their health), young people expressed a strong desire to change the widely held (negative) assumptions made about them. In particular, young people called on adults (including the Government and media) to

promote a more positive perspective about young people through, for instance, highlighting the contributions they made to society.

Dean: They need to focus more on the good sides...Like what we do for the community, it's like we're equal as the next person is, we're just the same, we're still members of society...I think tolerance and a bit of a more open mind towards young people (Individual interview, Bronze group).

In their accounts, young people sought to create new or alternative discourses, rather than purely challenge existing discourses. Specifically, a refocusing of dominant (negative) perspectives to offer a more positive image of young people was thought to be the most effective way to bring about the types of social change they believed necessary to promote their health. These discussions suggest a further understanding of empowerment based on a *power through* conceptualisation. This form of empowerment can be understood as potentially *transformative* and indicates some constructive possibilities for changing prevailing power relations between young people and adults.

Whilst relatively rare in this study, possibilities for transforming dominant understandings of young people were observed in the more positive relationships some young people (most notably those in the Gold group) had developed with particular adults. These examples were characterised by young people as displaying a relationship based on a more reciprocal notion of respect. For young people in this study, respect was understood as a two-way exchange between adults and young people and, specifically, was based on adults taking seriously young people's perspectives as valid forms of knowing.

Young people in the study described how some adults appeared to hold a more positive view of young people and felt they treated them, and their friends, with more respect as a consequence. Crucially, young people reported the positive effects these experiences had on their health. In particular, being respected by adults made these young people feel included in discussions and valued as individuals, enabling them to better negotiate everyday interactions with adults.

Rob: Like Mr Woods because he listens to your opinion on stuff...I think he's taken time to know each of us, to know us individually...He sort of knows how to treat each of us...and show us respect and that's why we're all doing so well now because we have respect for him...he's also being nice in the sense of he's respecting how we feel and showing us he's there for us and he's showing that he believes in us (Individual interview, Gold group).

However, whilst examples of reciprocally respectful relationships between young people and adults may offer some constructive possibilities to change power relations, this transformative form of empowerment simultaneously presents a significant paradox for existing bottom-up theorisations of the concept. As young people's accounts acknowledged, the potential to realise transformative empowerment necessitated adults legitimating young people's ways of knowing as valid forms of knowledge and praxis. For *transformative* empowerment to become possible therefore requires young people's dispositional empowerment to be accepted as evidence of their capabilities to act and shape their own lives in accordance with their own frames of reference. Similarly, oppositional forms of empowerment need to be viewed as collective attempts by young people to state

their preferences and act according to their own perspectives (and not as evidence of young people's defiance and unruly behaviour).

Thus, the paradox for transformative forms of empowerment is that, in the very act of legitimising young people's perspectives as valid forms of knowing, power is ultimately exercised by those in a position of power (since they hold the potential to either legitimise [or not] such perspectives as being valid). This operation of power raises questions about the possibilities for understanding empowerment as a bottom-up approach as currently suggested in much of the health promotion literature (Laverack, 2005).

This part of the chapter has analysed the study's findings in relation to Lukes' third dimension of power and discussed *power through* forms of empowerment. In doing so, the discussion has identified two further forms of empowerment: the *normative* and the *transformative*. The former term describes the processes of social reproduction that strengthen and reproduce dominant power relations. The latter form of empowerment points to some of the transformative *potential* of the concept to change existing power relations in order to bring about social change.

Empowerment and its relationship to young people's health

Overall, findings from this study contribute to the development of a new conceptual framework for understanding empowerment. Informed by Lukes' tripartite perspective of power and drawing on two distinct understandings of health (the dominant and the alternative), six different forms of empowerment have been identified. The chapter will conclude by highlighting how these newly developed ways of understanding empowerment advance existing conceptualisations. By doing so, this part of the discussion addresses some of the key theoretical tensions identified in existing understandings of the concept. Specifically, the discussion highlights how differentiating between processes and outcomes of empowerment may be an unhelpful distinction to apply when examining the concept's relationship to health, and why understanding empowerment as a bottom-up approach may be also problematic.

This study's findings suggest that a more dynamic and generative understanding of empowerment than hitherto articulated may be necessary to account for the relationship between empowerment and young people's health. The dynamic nature of the concept is evident through the multiple ways in which different forms of empowerment can shape and influence relations of power which, in turn, define the possible effects of that power. The generative features of the concept bring to the fore the diverse (and often competing) ways in which outcomes of empowerment may, in turn, shape subsequent responses by both young people and adults; creating both further possibilities for, and limitations of, young people's own capacity to act.

For example, evidence of young people's dispositional and oppositional empowerment pointed to the diverse ways in which study participants acted in accordance with their own understandings of health. In their discussions, young people stressed their abilities to make decisions for themselves by drawing on the notion of choice. Young people's discussions of choice, however, also revealed the potential for participants to act in ways that ran contrary to adult judgement. By acting against dominant prescriptions in relation to health, young people's resistance inadvertently confirms normative assumptions about their immaturity and propensity to engage in risky behaviour – thereby providing the very rationale to empower young people as articulated within dominant health discourses (see DH, 2010a).

Teachers' efforts to promote the forms of empowerment consistent with dominant perspectives (identified as impositional and concessional forms of empowerment in this study), however, often triggered further resistance by young people, who sought to challenge these dominant ideas about themselves as being immature and disruptive. This resistance was perceived by teachers, and other adults, as confirming widely-held perspectives on young people and thus, in turn, supported normative empowerment and the further reproduction of dominant power relations.

This illustration of how different forms of empowerment operate alongside, but also against each other, explains why differentiating between processes and outcomes, as much health promotion theory currently does, is conceptually problematic. As findings from this study suggest, the (unintended) outcomes of one form of empowerment may create the

need for another form of empowerment or limit the possibilities for other forms of empowerment to emerge. Such a relationship between processes and outcomes also highlights some of the generative potentials of the concept as different forms of empowerment trigger the possibility for other forms of empowerment to be realised. This dynamic and generative conceptualisation challenges the idea that empowerment is a relatively linear continuum and helps better explain why, in some circumstances, empowerment may or may not translate into the positive health outcomes defined by official health discourse.

The outlined framework of empowerment can also help explain some of the apparent contradictions and anomalies in young people's accounts, as different forms of empowerment were taken up in response to differing contexts (such as the school environment) and the forms of power operating within those contexts. For instance, in this study young people were seen to simultaneously resist and accommodate dominant perspectives in their own narrative and practices. These inconsistencies not only reproduced normative forms of empowerment (which in turn limit the degree to which other forms of empowerment became possible), but also revealed some of the weaknesses implicit in dominant discourses about young people.

For example, evidence of young people's 'resistance through inaction' revealed a powerful way in which young people could challenge dominant problematising discourses by appearing to conform to adult authority – thereby undermining the strength of the perspective that young people are inherently unruly and troublesome. Likewise, when

questioned by teachers, some young people gave responses that appeared to suggest their compliance with adult-led perspectives in order to divert unwanted adult attention in the school context and show their apparent compliance with school rules. It is within these types of examples that the more transformative potentials of empowerment, based on young people's frames of reference, emerged.

In this study, young people underscored the value of a refocusing on a more positive conceptualisation of young people and their health, rather than the problems (in terms of potential health risks), to the possibility for a more transformative conceptualisation of empowerment. Opportunities for realising transformative forms of empowerment were however premised on the willingness of adults to at least temporarily bracket dominant (negative) images of young people and, by doing so, recognise the more positive contributions young people make. By foregrounding young people's ways of knowing, dominant (negative) discourses of young people may be challenged and replaced with more positive perspectives on young people and their health.

In this way, transformative forms of empowerment cannot be understood as purely bottom-up in their operation and effects, since the realisation of transformative forms of empowerment (at least in a school context) is itself contingent upon adults' challenging dominant perspectives and, specifically, legitimising young people's systems of meaning as valid ways of knowing and acting. This understanding of the concept returns to one of the key arguments in this thesis, namely that understanding the theoretical and operational

complexities of empowerment cannot be separated from an analysis of the workings and effects of *power* itself.

Chapter summary

Drawing upon findings from the present study, this chapter has examined the concept of empowerment and its possible links to young people's health. Informed by Lukes' tripartite perspective of power and drawing on two distinct understandings of health (the dominant and the alternative), the chapter identifies six different forms of empowerment. These new ways of understanding empowerment, point to the relevance of a more dynamic and generative understanding of the concept than hitherto articulated. Such a dynamic and generative conceptualisation advances the understanding of empowerment and helps better explain the relationship between empowerment and young people's health.

Chapter Eight

Reflections on the study

This concluding chapter reflects upon some of the relative strengths and potential limitations of the study. In doing so, the chapter aims to underscore the thesis' contribution to existing debates on empowerment, young people and health. The discussion includes an examination of questions of reliability and validity in response to the various forms of reactivity encountered during the research. Some key 'lessons learned' of particular importance to future enquiry on young people's health are also highlighted, alongside opportunities to extend the research through further investigation. A number of implications for policy and health promotion practice are also identified.

Empowerment, young people and health

This study of empowerment, young people and health has three key strengths. Firstly, the enquiry has sought to advance existing understandings of empowerment and examine their relationship to young people's health. Beginning with an analysis of recent theories of power, the thesis has offered a critical exploration of conceptualisations of empowerment. By doing so, some theoretical inconsistencies and inherent tensions in the current literature on empowerment and health have been revealed. Specifically, the thesis has challenged understandings of empowerment as a relatively linear continuum, and further illustrated

how the distinction made between processes and outcomes of empowerment may be conceptually problematic for understanding the concept's relationship to young people's health.

Based on findings from empirical enquiry, the thesis offers a more dynamic and generative understanding of empowerment than has hitherto been present in the literature. By drawing on Lukes' (2005) tripartite perspective on power and examining two distinct, but inter-related, understandings of health (the dominant and the alternative), six conceptually distinct forms of empowerment have been identified. The different ways in which these six forms of empowerment intersect to produce and reproduce relations of power helps better explain some of the thorny theoretical tensions within existing conceptualisations and, importantly, the relationship between empowerment and young people's health.

The significance of these different forms of empowerment lies in the opportunities they may offer for health promotion. As the previous chapter exemplified, much current health promotion is organised around *impositional*, *concessional* and *normative* forms of empowerment. Health promotion initiatives of these kinds have varying success in bringing about positive health outcomes in line with official health discourse (Webb and Sheeran, 2008; Shepherd *et al.*, 2010). The present study offers a way of understanding this variability, as much current health promotion policy and practice sustains, rather than challenges, the very factors young people believe negatively affect their health. By offering differing ways of understanding concepts of health and empowerment, the thesis

lays the foundations for some alternative avenues and new forms of enquiry for investigating the concept's relationship to young people's health.

Secondly, in line with a now large body of literature that argues for taking young people's perspectives seriously (Mayall, 2002; Alderson, 2008; Christensen and James, 2008; Qvortrup, Corsaro and Honig, 2009), this study has argued for making young people's own understandings of health the starting point for health promotion. By taking young people's accounts of 'feeling well' and 'not feeling well' as one of its starting points, the thesis has revealed some of the different frames of reference young people may draw upon in their discussions of health. These more positive and affirming understandings of health offer potential to develop forms of health promotion consistent with young people's own perspectives. This study encourages future enquiry to identify the potential success of these alternative approaches to bringing about positive health.

Thirdly, the study has illustrated some of the relative strengths of particular research methodologies and methods used to engage young people in power-sharing within the research process. In particular, the interpretivist epistemology and emic approach adopted made it possible to access and examine the different meanings young people give to health and their health-related practices. This approach not only strengthened the authenticity or internal validity of study findings (Denzin and Lincoln, 2005), but was welcomed by young people in the study as a mark of respect for who they were, in contrast to an approach working from more prescribed assumptions about what young people's health might involve.

Of particular importance to young people was the time spent talking with them about the issues and concerns that mattered most to them within the context of their everyday lives. This engagement with young people was especially valued for its potential to take their perspectives more seriously; in contrast to other forms of enquiry which young people believed was part of the wider pattern of silencing, or pre-defining, young people's views. It is a combination of these, and other, processes that enhanced the depth and quality of data generated and, importantly, opened up the possibilities for examining some of the more diverse and dynamic effects of power on young people's experiences of health and empowerment.

Implications for policy and health promotion practice

This study on empowerment, young people and health points to a number of opportunities for further developing health promotion policy and practice. By examining the relationship between empowerment in health promotion with other approaches to promoting health, the discussion that follows considers some of the possibilities arising from, and implications of, the newly developed conceptual framework for future efforts to promote young people's health.

As described in Chapter Seven, the conceptual framework identifies six understandings of empowerment. Each new form of empowerment gives rise to different understandings of the concept and offers different (and potentially competing) opportunities and 'sites' for

health promotion. As argued in previous chapters, much current health promotion is set within dominant systems of meaning with a particular focus on what this thesis has termed 'impositional' and 'concessional' forms of empowerment. For example, health promotion efforts to increase young people's self-esteem, with a particular emphasis on reducing risky behaviours and promoting informed healthy decision-making (DH, 2004a), can be seen to reflect a more impositional approach. Meanwhile, health promotion efforts aligned with more concessional forms of empowerment have increased in popularity through emphases on notions of participation and user involvement within health-related policy (DH, 2004; DfES/DH, 2005). Thus, as part of the Healthy Schools' initiative (DfES/DH, 2005) the widespread introduction of forums such as School Councils and Parliaments has attempted to operationalise ideas about the importance of young people's participation to promote their health.

Parallels can be drawn between examples of impositional and concessional forms of empowerment found in this study and those behaviour change and educational approaches to health promotion that seek to alter an individual's knowledge, attitudes and beliefs in order to bring about changes to behaviour (see for example, Ajzen and Fishbein, 1980; Prochaska and DiClemente, 1984; Tones, 1996). However, as findings from this study illustrate, these latter approaches pay limited attention to the crucial social and contextual influences on health and young people's health-related practices and experiences (c.f. dispositional forms of empowerment).

As the analysis has shown, impositional and concessional forms of empowerment have a tendency to reinforce normative ideologies and practices which, according to the accounts of young people in this study, were part of the structures and ideologies they saw as negatively affecting their health. Health promotion initiatives working within these parameters (for example, education and behaviour change approaches) have shown varying successes in demonstrating their effectiveness at bringing about positive health outcomes in line with official health discourse (Shepherd *et al.*, 2010) and can be seen to sustain, rather than challenge, the very factors young people believed negatively affected their health.

Thus, the framework of empowerment developed within this thesis offers new ways of understanding the effectiveness of other approaches to health promotion and also provides a number of suggestions for health promotion practice which start from young people's understandings of health. These alternative opportunities for health promotion offer the genesis for new avenues of enquiry and evaluation to ascertain their potential effectiveness to bring about positive health.

Approaching health positively

Findings from this study suggest that in order to be effective health promotion frameworks need to engage and resonate with young people's lived experiences which may well diverge from, and indeed challenge, dominant perspectives on health. For instance, in line with findings from other research (Percy-Smith, 2006, 2007), young people in this study drew attention to the disjunction between what adults think about young people's lives and

the reality of their everyday lived experiences. In particular, young people called for future health promotion efforts to challenge the current negative and problem-based approach to young people's health, once again highlighting the importance of the affective dimensions of young people's health.

Whilst not downplaying the challenges many young people face, current problematization of young people's health within official health promotion policies and discourses can be seen to work against the promotion of health, as defined by young people themselves. Young people's discussions of health illustrated preference for more positive notions of health in terms of being happy and having fun. In particular, young people underscored the value of bringing the more positive aspects of their lives to the fore, rather than focusing attention on their assumed deficits or risk behaviours. Indeed, a refocusing on positive aspects of young people's health was seen by young people as offering constructive possibilities for shifting negative understandings of health in terms of risk and bringing about social change through transformative empowerment.

Future health-related policy and research might therefore question the value of topic-based approaches to young people's health which have a tendency to sustain the negative focus on reducing risky behaviours such as binge-drinking, unprotected sex, or illicit drug use. A refocusing on the positive would signal the potential to shift dominant individualised risk-reduction approaches to health in line with more transformative forms of empowerment that encapsulate the importance of reframing young people, and their health, in more positive ways. As the dynamic framework of empowerment put forward suggests,

this reframing would then facilitate further opportunities for empowerment and continue generating such possibilities.

Valuing young people's contributions

Bringing young people's more positive expressions of health to the fore underscores the importance of ensuring greater acknowledgement of their efforts and achievements in all aspects of their lives. Doing well was seen to be an important contributor to young people's sense of health and was particularly valued when coupled with positive recognition by others. While the school as an institution has been shown to reproduce inequities and power imbalances (see also Allen, 2007, 2008; Jupp, 2007), more could be done to acknowledge and value the contributions and achievements of all young people and challenge pervasive negative representations of young people as problematic and risky. Parents and teachers were called upon by young people in this study to give positive feedback more readily, not just for academic achievements, but also for efforts demonstrated.

Schools could play an instrumental role in challenging negative community and societal views of young people by taking responsibility to emphasise young people's achievements and contributions. Sending positive examples of young people's school work and social activities to the local press, or through feedback to parents and school governors, might help rebalance the negativity typically associated with young people.

More generally, and at a societal level, Government (both local and national), in collaboration with the media, has a pivotal role to play in laying the foundations for more transformative forms of empowerment by promoting more positive representations of young people. In particular, underscoring young people's abilities and capabilities, rather than assumed deficits, through highlighting the contributions young people can and do make to the lives of others, and society more generally, would signify an important mark of respect for young people and their contributions.

Moving beyond official health priorities

Rather than identify deficits in individuals, health promotion needs to work towards challenging the structural and cultural features that negatively affect young people's health. In health promotion, such approaches are often termed 'social change' strategies which focus on implementing change to the social environment (see Milio, 1986; Dahlgren and Whitehead, 1991). In particular, addressing young people's concerns that seem to move beyond official health priorities, including increasing the provision and access to a range of affordable *and* meaningful activities and places to go for young people, are needed. Increasing opportunities to have fun, without this being reframed as negative or unruly behaviour, would mark an important step towards developing activities in line with young people's ways of seeing and promoting their health.

The limited availability of affordable activities for young people requires local and national government to work *with* young people to identify desired activities that they feel support their health. Identifying such activities should offer real opportunities for young people

themselves to define and shape the type and range of activities available. In particular, young people's ownership over the activities they see as best supporting their health might include measures to increase the availability of safe, well lit open spaces for young people – spaces respected by adults as being occupied by young people and free from surveillance. In addition, extending activities that might help young people and adults come together in more power-sharing ways through, for example, enabling young people to access sports facilities or teams that are typically the preserve of adults may help support the development of the more reciprocal notion of respect young people described as being particularly important to the promotion of their health.

Identifying young people's health-related concerns

Identifying and acknowledging young people's health-related concerns as valid priorities for policy development, research and health promotion practice is an important step towards developing health promotion theory in line with young people's perspectives. Action at a number of levels is needed systematically and sensitively to ascertain the views and perspectives of young people from a range of social backgrounds. Far from being a tokenistic gesture, processes of accessing young people's perspectives need to move beyond concessional forms of empowerment and should be followed through with actions that put into place their suggestions. Taking young people's ideas on as a priority would mark an important step to valuing their perspectives and supporting opportunities to shift dominant understandings and accepting young people's ways of knowing as being valid.

Similarly, research on young people's health might usefully consider the value of starting from a more positive perspective on health and evaluate the potential effectiveness this more positive approach might have on achieving health equality and equity. This might include underscoring the social category of age as an important unit of analysis, alongside the more theorised and investigated dimensions of gender, class and ethnicity. This could be approached twofold: first, through an examination of the specific features and impacts of 'being young' on young people's health; and secondly, as a way of understanding how young people's experiences may be shaped and defined by the social category of 'age' itself.

Crucially, future research with a focus on the concept of empowerment should be more sensitive to the workings of power that shape the possibilities for, and limitations of, empowerment. In doing so, empowerment-based research should be critical of the underlying assumptions and potential effectiveness of the term 'empowerment' and how it might link to health or indeed, more traditional approaches to health promotion, such as behaviour change strategies. This more critical approach will help to further the conceptual development (and consider the empirical evidence for) some of the different forms of empowerment developed from findings in this study. In particular, future research might usefully examine how empowerment may operate in more dynamic and generative (rather than linear) ways which may help to further understandings about the concept's relationship to health – for example, by examining further the social factors influencing the possibilities for forms of dispositional empowerment and how these social aspects contribute to health.

Finally, research with young people should utilise methods shown to be most effective and acceptable to young people, but should also display sensitivity to the context(s) in which data are collected and used. In particular, researchers should question how research designs and forms of questioning might inadvertently contribute to dominant constructions of young people's health in more negative terms, or how they position young people within research (i.e. passive or active; troubled or risky). Identifying the methodologies and methods that best enable young people to articulate their realities is central to examining concepts of health and empowerment as they are experienced and understood.

Some reflections on process

As with all forms of social enquiry it is appropriate to examine some of the potential limitations of the study. This includes a discussion of the study's reliability and validity, and three specific forms of reactivity: contextual, procedural and personal. In addition, a detailed reflection on the ways in which concepts underpinning the thesis (such as health and well-being) have been understood and operationalised in the context of this study is given, along with a consideration of the usefulness of the term 'official' health promotion discourses.

As detailed in Chapter Three, reliability broadly defined refers to the consistency of research findings (Bryman, 2004). Drawing upon Denzin and Lincoln's (2005) work, reliability in this study can be considered to be the extent to which the research and its

findings can be considered as stable – indicated by the degree of consistency of observations and interpretations made at different times, through drawing on different methods, and in different contexts. Validity refers to the trustworthiness of the research and its findings and can be further differentiated as internal, external and ecological (Cohen, Manion and Morrison, 2007). Internal validity considers whether the research produced an accurate account of phenomena and, within interpretive enquiry, is often discussed in terms of its authenticity (Denzin and Lincoln, 2005). External validity on the other hand refers to the generalisability or transferability of the research findings, whereas ecological validity considers the extent to which the research mirrors real life situations (Bryman, 2004).

Study context

In line with the goals of a close-focus, interpretive approach, the present study does not seek to make generalisations to other groups of young people in other contexts. This study was conducted in one locality in central England and does not purport to capture the potentially diverse range of experiences and meanings given to health and empowerment by all young people. Whilst this study has offered important insights into the different factors young people see as important for their health, it could be argued that findings merely reflect the structures and discourses operating in that particular context (Jupp, 2007). This point is addressed more fully in the later discussion on contextual reactivity.

Conducting the study in one locality and in one school inevitably sets limits to the possibilities of gaining further insight into the topic than by comparing with other sites.

Indeed, conducting the study in two, or even three, schools may well have revealed some contrasting perspectives on health and other potential ways of understanding the possibilities for empowerment. However, as previously emphasised, this study was informed by an interpretive epistemology and involved a number of close-focus ethnographic methods. As such, extending the study to other localities and schools may well have compromised the depth and richness of data elicited by setting limits to the time spent with participants. Furthermore, by adding a further element of comparison to the study (in addition to age, gender and social position), the strength of analysis of factors influencing possibilities for empowerment in health may well have been compromised.

Given the study's underpinning epistemology and main aim to explore young people's own perspectives on health and empowerment, the decision to conduct the study in one school (and surrounding community settings) was thought to be most appropriate. This study does, however, offer the potential to be replicated in other schools and localities which may open-up further insights, synergies and contrasts in young people's perspectives and experiences across different settings.

Despite the limitations of conducting a study in one locality, there are a number of strengths to the present work. Firstly, as illustrated, some of the findings of this study support those of other research with young people (see Aggleton *et al.*, 1998; Morrow, 2000, 2001; Warwick *et al.*, 2005; Archer, Hollingworth and Halsall, 2007) suggesting the study's wider relevance and possible external validity. Secondly, the decision to conduct

the investigation in various settings within the study locality strengthens its ecological validity by enabling an examination of how young people's accounts differed by context.

Sampling

As detailed in Chapter Three, a purposive sample was developed to recruit young people considered most appropriate for investigating the study's central aim (Cohen, Manion and Morrison, 2007). This sampling strategy, however, may have produced a particular set of responses (Milstein, 2010). Evidence of the more positive and counter-hegemonic discourses of health in this study could be indicative of a form of sampling bias whereby the study sample represented a relatively motivated and health conscious risk-averse group. The purposive sampling frame constructed across three distinct groupings did, however, enable the development, recruitment, and comparison, of a theoretically informed sample of young people who differed in their social backgrounds and experiences; and included those young people who might be considered as being at risk or risky, unmotivated and disengaged. Consistency in young people's perspectives was observed across the different groups and evidence of young people's more positive discourses on health has been reported in other recent work with young people (Brooks and Magnusson, 2007).

Whilst the sampling strategy adopted enabled an examination of the significance of age, gender, and social position (as defined by cohort grouping), the potential significance of ethnicity as an important determinant of health was not examined. In part, this was the result of a decision not to produce too many different elements of comparison – thereby compromising the potential depth of analysis along other important dimensions such as

age, gender and social position. It also reflected the locality in which the study was conducted which was largely of one ethnicity (ONS, 2001). Examining the intersection of ethnicity with other determinants of health may reveal alternative and culturally specific understandings of health and empowerment.

Contextual reactivity

Contextual reactivity concerns the possible ways in which the research context itself may have facilitated the production and construction of a particular set of meanings and responses, and may reflect the way in which young people are positioned within that specific context (Allen, 2003; Jupp, 2007).

Research undertaken in school contexts can unknowingly mirror dominant discourses that privilege adult authority (Allen, 2007, 2008; Jupp, 2007; Milstein, 2010). The school environment may be one where young people have relatively little control (Darbyshire, MacDougall and Schiller, 2005) and feel pressured to give 'correct' answers (David, Edwards and Alldred, 2001). Despite these documented concerns, more often than not young people in the present study were highly critical of these dominant frameworks for marginalising their perspectives and reproducing adult-based hierarchies. Young people were often seen to challenge the imposition of control on their lives, which opened up possibilities for examining two forms of empowerment based on young people's response to context: dispositional and oppositional.

As in findings from other school-based research (e.g. Milstein, 2010), the relatively formal nature of the school context at times constrained discussions with young people. For instance, discussions sometimes took place during the course of a lesson, but were often interrupted by teachers' insistence on silence or the need for students to complete work. These forms of control operating in the school environment may explain the tendency for young people to emphasise the more negative interactions they encountered with adults, perhaps reflecting a more polarised view than ordinarily expected. However, observing adult reactions to young people more generally across a variety of contexts provided further evidence of these interactions. These examples substantiated the accounts elicited in other contexts, again strengthening the study's ecological validity.

Procedural reactivity

Procedural reactivity concerns the potential threats arising from the study methods and techniques used to generate and analyse data (Bryman, 2004). The discussion here highlights some of the specific successes and challenges encountered by use of focus groups and individual interviews within the context of this study. Some reflections on the relative strengths of the discussion guides developed for this study, and methods of analysis, are also provided. Challenges specific to the use of observational methods are discussed in the following section on personal reactivity.

On the whole, the use of focus groups provided a relatively informal means by which young people could express their views. Participants in this study readily engaged in discussions within a group context and did not appear overly inhibited in their responses.

Whilst much has been written about the potential for group dynamics to compromise validity, including the effects of dominant participants and peer effects (Krueger and Casey, 2000; Bloor *et al.*, 2004), the positive group dynamics within this study enhanced the quality of the data in a number of ways.

First, as in findings of other research drawing on the focus group method (Hennessy and Heary, 2005; Brooks and Magnusson, 2007), the positive group dynamics enabled discussions to flow freely, eliciting a range of contrasting (and sometimes opposing) opinions. The diverse responses given by participants minimised the need for the researcher to probe or shape the discussion and thus the potential to introduce any bias. Second, participants often questioned each other about their opinions and experiences, sometimes challenging the authenticity of the perspectives offered by their peers. In contrast to concerns about adverse peer influence or 'group think' (Janis, 1982), this questioning by peers helped to clarify young people's meanings without the direct involvement of the researcher.

A particular strength of conducting focus group discussions prior to individual interviews was the development of rapport with participants. Unlike studies which report concerns about individual interviews with young people (see Armstrong, Hill and Secker, 2000; Harden *et al.*, 2000), this rapport ensured participants were familiar with the researcher and research study itself prior to individual interviews. Perhaps as a result, most participants appeared relaxed in the context of individual interviews and often talked at great length. This was particularly important for interviews with young men who, during pilot work, had

appeared to be somewhat inhibited during individual interviews, compared to focus groups, possibly as a response to the researcher being female.

Similarly, respondents appeared more 'relaxed' during informal discussions, such as those carried out during periods of observation. Whilst consistency in responses was noted across focus groups and individual interviews, observational methods enabled the examination of how young people's perspectives and actions might differ according to context. On first impression, some respondents (during class, break times or out-of-school) seemed to change or reflect different opinions than those expressed within the context of a more formal interview. However, by examining and comparing data across different sites and elicited through different methods, the analysis highlighted the ways in which processes of power shaped and influenced young people's narratives and practices at different times. Observing these differences brought to the fore the value of using a combination of methods (triangulation) both to strengthen the validity of findings and also to generate new insights into how social context (and the degree of formality within differing contexts) shaped participants' responses and actions, thus, strengthening the study's ecological validity.

Despite some concerns that study participants may reflect official accounts based upon what they think they should say (Harden *et al.*, 2000), there was little evidence of this phenomenon arising during interviews. The more open-ended interview schedules enabled a more authentic account of young people's perspectives to be generated, which often revealed their criticisms of official health discourses. These criticisms might have been

more difficult to identify in a more heavily structured approach to data collection. Whilst young people's alternative perspectives on health may indicate procedural limitations to interview guides, introducing a potential form of response bias, the decision to ask respondents about their thoughts in relation to 'feeling well' helped to minimise any risk of priming responses around official perspectives on health.

A note of caution also must be sounded with regards to the validity of adult interpretations of young people's accounts (Jipson and Jipson, 2005). Information concerning the cultural and social context in which data is collected may be distorted (Laverack, 2005), particularly when the researcher's own positioning differs from that of those involved in the investigation (Kelly, 2004; Brewer, 2005). By drawing on a range of perspectives and methods, a triangulated approach to the research provides some safeguards against these possible threats to the study's validity (Bryman, 2004). Specifically in this study, sustained engagement in the field provided opportunities for 'member checking' or respondent validation (Denzin and Lincoln, 2005). These included opportunities to further question and tease out any inconsistencies and ambiguities in meaning, and confirm responses and interpretations with participants themselves.

Personal reactivity

Personal reactivity refers to the various ways participants may respond to the research and how the researcher's own position (and the relations of power this produces) may have impacted on the forms of data generated (Holliday, 2002; Brewer, 2005; Holland, 2007; Allen, 2008). As detailed in Chapter Three, the notion of reflexivity seeks to examine the

researcher's 'deep involvement' and subjectivity by uncovering some of the assumptions brought to the research (Brewer, 2005; Tucker, 2007).

As previously described, my own interest in young people's health has been concerned with the marginalisation of their perspectives and the broader tendency to pathologise young people and their health. On reflection, this position may explain why young people appeared to take up (and criticise) some discourses more readily than others (Allen, 2003), or perhaps revealed a personal tendency to produce a more 'romanticised' view of young people. The study's central theoretical concern for issues of power and empowerment may have contributed to my sensitivity to instances of contestation and resistance within the school context, whilst unknowingly downplaying the potential significance of the more mundane, everyday encounters and interactions that take place between young people and adults.

This positive view of young people did, however, seem to aid the development of a particular kind of rapport that enabled me to act as a 'legitimate peripheral participant' (Dhand, 2007: p. 1). My own appearance and relatively informal style may have helped in this regard. Given the importance young people attached to 'looking good', I was highly aware of how my own dress, language and personal tastes were perceived by young people and what bearing these might have on responses. Girls in particular asked what I would be wearing to various social events – subjecting me to the same kinds of gendered surveillance processes described in Chapter Five. As such, I found myself adjusting my appearance according to context and in response to different groups of young people.

Perhaps, in doing so, I imparted some of the pressures I personally felt to 'fit in' as an 'outsider' (Walford, 2007).

The importance of these experiences lies in the insights they provide for understanding how different forms of power may actually *shift* between the researcher and participants during the course of field work. Much of the research literature to date highlights the potential power imbalances between an adult researcher and younger participants (Soto and Swadner, 2005; Best, 2007; Allen, 2008), and the possible ways in which an adult-centred view may distort discussions and interpretations (Milstein, 2010). In doing so, this literature presents a rather unidirectional and zero-sum perspective of power whereby young people are constructed and positioned as relatively powerless in relation to the more powerful adult researcher (Allen, 2008). Not only was this powerless position challenged by young people in this study, but this binary between adult researcher and younger participant ignores how young people's own responses also hold the potential to impact on the researcher, as the previous illustration exemplified.

In this regard, examining the effects of power *relations* rather than *differentials*, which are more often discussed in the research literature, may help to explain why my own age did not seem to hinder rapport or compromise discussions. Participants often assumed that my own age was closer to their own. When asked overtly about my age, I corrected this assumption, which was often met with surprise from participants but did not seem to unduly affect subsequent rapport or discussions. On the contrary, revealing my own age seemed to counter the suggestion made by participants that adults seldom took the time to

talk with young people. Whilst inadvertently providing counter-evidence to young people's perspectives, questioning respondents further about their reactions to my own age not only provided telling insights into the more hierarchical relationships they experienced with many adults, but also, through the development of a research relation (rather than differential) based on a reciprocal notion of respect *with* participants, helped to minimise the potential effects of my own age and position.

Despite enhancing the depth and quality of discussions, positive rapport and power-sharing with participants did, however, present a number of challenges, reflecting the now growing body of literature on the more emotional, and potential ethically sensitive, aspects of observational work (Denzin, 1984; Duncombe and Jessop, 2002; Walkerdine, Lucey and Melody, 2002; Blackman, 2007; Holland, 2007). For example, at times I was asked quite personal questions about my own life or my opinion or advice on particular concerns such as friendship issues or parental conflict. Given the importance young people attached to the notion of reciprocity in their relationships with adults, my responses required careful consideration. Gauging the 'appropriate' balance between not wanting to impose my own perspectives, and also not wishing to compromise rapport by either dismissing questions, or alternatively stating preferences and perspectives that might affect young people's subsequent responses, highlighted the difficulties that can arise as a consequence of prolonged engagement in the field.

I also had to take care when witnessing deliberate efforts to break school rules in order to avoid myself being seen as 'responsible'. During some lessons, mobile phones were

passed under the desks, as were other personal items such as scarves, jewellery and food. At other times, I found myself talking to young people for a duration longer than is usually permissible within a classroom context. These conversations placed me in a difficult position as I had to negotiate the fine line between 'shutting down' discussions or taking the risk of compromising my own position within the school.

Managing these anxieties, however, was aided by careful and timely communication with both school staff and young people, and highlighted the importance of a continuous notion of informed consent (Morrow and Richards, 1996; Brooks and Magnusson, 2007). During these ongoing discussions, I constantly reiterated the purpose of the research and my position within the school context and why it might appear that I occasionally turned a blind eye to obvious breaches in school rules. Whilst these examples were some of the most challenging aspects of field work, reflecting on these forms of personal reactivity enabled me to experience some of the very processes of power that shaped the everyday practices and lives of young people. Opportunities to 'stand back' later and reflect on these processes illustrated the epistemological significance of understanding how my own position and responses may also shape study findings (Holland, 2007).

Understanding concepts of health

This thesis has sought to examine young people's perspectives on health and, by doing so, prioritises young people's own frames of reference. In Chapter Two, the concept of health was explored and its relationship to empowerment analysed in light of the existing literature. This examination of concepts of health and empowerment highlighted the value of understanding and investigating health in its totality – including both positive and negative aspects of health. In line with more positive conceptualisations of health (see Antonovsky, 1979 and Seedhouse, 1986), this study foregrounded young people's perspectives on feeling and being well. On reflection, and as previously described (p. 314), this focus on 'wellness' may have produced a set of responses that largely captured elements of young people's 'mental health', more so than a focus on physical aspects of health. This perhaps explains why young people appeared to place greater emphasis on affective states of 'being happy', for example, rather than areas of physical health, such as obesity, smoking, and drinking alcohol.

Examining young people's accounts, however, did highlight their sharp criticisms of the ways in which young people's health (in terms of smoking, drinking alcohol, and unprotected sex) are currently presented in health promotion policy and practice. Indeed, in field work young people sought repeatedly to distance themselves from these dominant discourses on health by emphasising the more positive dimensions of their everyday lives (see Chapter Four). Whilst these findings may be understood as procedural limitations to interview guides, by asking young people about their thoughts on being well, this study did

elicit important discussions from young people about how these same negative discourses were thought to adversely affect their own health (see Chapter Five). Indeed, young people themselves did discuss aspects of physical health, crucially drawing links between the physical and affective dimensions of health (see Chapter Four).

What this approach to examining young people's health reveals is how health can be differentially defined, understood and experienced (Blaxter, 2004). Indeed, the multiple ways in which health has been conceptualised creates difficulties for understanding health in terms of 'official' and 'alternative' perspectives. Both official and young people's alternative perspectives can be seen to capture a range of understandings of health, which may well reflect varying degrees, or a combination, of these broadly categorised perspectives. Incorporating the concept of feeling and being well highlighted how this binary distinction oversimplifies the meanings of health, but also facilitated further reflections on the distinctions and similarities between concepts of health and well-being. The newly developed framework on empowerment offers the potential to further scrutinise this conceptual 'muddiness' by drawing attention to the conceptually distinct forms of empowerment found in this study that arise from differing (and potentially competing) understandings of health.

Concluding comments

This final chapter has considered the contributions of the thesis to the existing literature on empowerment, young people and health. In doing so, the chapter has highlighted some of the relative strengths and potential limitations of the study including the various forms of reactivity that may affect the reliability and validity of study findings. Of importance were the various ways in which the study design, including the researcher's own position, revealed insights into some of the daily practices and perspectives of participants, enabling a richer and more in-depth analysis of the workings of power and empowerment as they affect young people's health.

In conclusion, this study has sought to further the understanding of the concept of empowerment and its relationship to young people's health. Taking recent theories of power as the starting point, the thesis has critically examined existing efforts to conceptualise empowerment. In doing so, this work has revealed some of the conceptual tensions and theoretical inconsistencies within the existing literature and highlighted some of the diverse and inconsistent ways in which empowerment has been defined and operationalised within health promotion policy and practice.

The empirical investigation sought to examine the possibilities for, and limitations of, empowerment amongst young people and, by doing so, has taken forward existing understandings of empowerment. In particular, the thesis has set out a more dynamic and generative conceptualisation which takes account not only of the different meanings given

to health by young people, but also the multiple ways in which prevailing regimes of power shape the possibilities for, and limitations of, young people's empowerment in health and other contexts. An investigation of this kind not only provides new insights into existing debates on empowerment, young people and health, but by offering a new framework for understanding empowerment, the thesis opens up new avenues for conceptual development, empirical enquiry and health promotion practice in support of young people's health.

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Appendix I: Interview discussion guide: Professionals

Discussion guide: Professionals

Thank you for agreeing to take part in this interview about young people. I welcome the opportunity to hear about your views and experiences of working with young people.

Further explanation of research; clarification of confidentiality and anonymity, including use of audio-recorder.

Signing of consent form and answering any questions.

1. Could you start by saying a little about the work that you do with young people?
2. Can you tell me about the young people you work with?
3. Do you work with particular groups of young people?
4. From your experience of working with young people, what things have helped young people to feel and be well?
5. What things have hindered or prevented young people from feeling and being well?
6. Thinking about the young people you work with, what do you feel are the most important concerns for young people's health?
7. *Drawing upon responses given to Q5.* Can you tell me why you feel these are most important?
8. *Drawing upon responses given to Q5.* What things would you suggest as being most appropriate to address these concerns?
9. Is there anything else you would like to say about the young people you work with?

Thank participant for their time and contribution

Appendix II: Discussion topic guide

Discussion guide: Young people

Thank you for agreeing to take part in this study about young people's health. During this discussion you will all be given the chance to talk about the important things you think influence you to feel and be well. Please feel free to ask any questions about the study at any point.

Introductions and further explanation of research purpose and process of data collection including the use of a audio-recorder, confirmation of confidentiality, anonymity of responses and the importance of respecting contributions from all participants.

Signing of consent forms and answering any questions.

Warm-up activity: written brainstorming exercise – give out pens and paper.

Write down anything you think helps people feel well or feel good. You can write anything you like and do not need to write your name on the paper. We will then have a chance to talk about some of the things everyone has written on their pieces of paper. Don't worry about what you write on your paper – we will only talk about the things you want to!

1. Feeling well/feeling good (using written comments as a prompt)

1.1 What does 'feeling well' or 'feeling good' mean to you?

1.2 Can you tell me what things influence whether you feel well/good?

1.3 *Drawing upon responses to previous question:* Thinking about a time you felt well/good, how do these things influence how you felt?

1.4 Are there any things that stop you from feeling or being well?

At school

At home

In study locality/local community

1.5 Can you say how these things stop you from feeling or being well? (Ask for examples).

2. Not feeling well/feeling good

I now want to talk about not 'feeling well/feeling good' or not being your 'normal self'. Can you write down on your pieces of paper anything you think makes people not feel good.

2.1 *Using written comments as a prompt:* What does not 'feeling good' mean to you?

2.2 Can you tell me what things influence whether you do not feel good or perhaps not being your normal self?

3. Influence and control

3.1 Do you feel you can influence things in your life?

At School

At home

In local community/study locality?

3.2 What opportunities are there for you to influence things at:

School

Home

In local community/study locality?

3.3 Can you tell me what things influence the choices you make about your own health?

3.4 Do you feel you are in charge of your own health? (Ask for examples with respect to opportunities to make decisions in their everyday lives).

4. Priorities for health promotion

Finally, if you had the chance to tell your teachers or parents or even the Prime Minister...

4.1 What are the most important things about feeling well for young people? What would you say to them?

4.2 How do you think they could help young people feel well?

4.3 Is there anything else you would like to say about any of the things we've talked about today or about young people?

Thank participants for their involvement and contributions.

Appendix III: Annotated transcript – short extract

Individual interview: Male, aged 15, Gold group.

(All names have been changed in the transcript).

Researcher: Ok so following from our discussion on Friday, one of the main things that seems to be important about feeling well is this idea of stereotypes and especially hoodies, and negative images of young people, I'd just like to hear a bit more about that, is this, would you say that is something that is really important to you? *NFW: being 'put down'.*

Carl: Yeah 'cos like you get put down quite a bit and that's not like the best of things in the world so.

Researcher: And I just want to ask whether that, do you feel that's you personally being put down or young people as a whole?

Carl: Young people as a whole like kind of thing, it's just like with like Asians and everything they're all stereotyped to be hating the West, Fundamentalists⁵⁰, and stuff like that, terrorists, all set out to like bomb us and kill us all. And it's like, no, not all of them 'cos it's just like a minority of 'em are like that and same with teenagers. It's just the same like with like older people and teenagers, we can, we're the ones that will always get in trouble 'cos they're like older, and they're not meant to do stuff, they don't seem to do stuff like that, but they're like, in a way they're not, they're like the least respectful people out of them all sometimes.

Researcher: Who adults?

Carl: Yeah, some of the way they talk to like kids and it's just like, we don't stereotype them and say 'oh look you've got a hoodie, you're gunna stab me'. Not really. Yeah some of us do go round and like stabbing people but not all of us do, it's like a minority and stuff like that and adults do stab people as well. I didn't really see a lot of point in that meeting actually, that discussion thing 'cos, like we get told the same thing, and in a way she was just trying getting at the same point of like we're really racist, and we're not kind of thing, and we stereotype them and actually in a way they stereotype themselves sometimes.

Researcher: Can you say what you mean?

⁵⁰ Reference in response to lesson that morning – outside speaker came into the school to talk about Islam and Fundamentalism.

Carl: Oh they'll say, like sometimes it might be a joke, sometimes it might not be, but quite a lot of um people like think that Pakistan's better than Britain and then it just comes from that 'cos it's all like linked in together kind of thing, and like when they have a go at us for saying stuff and, it's like you've kind of brought on yourself and like.

Researcher: Ok so, in terms of stereotypes and labels, is it people you don't know or people that you do know that stereotypes you?

Carl: Um people that you don't know stereotype you 'cos they don't know like who you are, so like my mum doesn't think I go round stabbing people, she might think that I go out with like mates and they might do bad things, but she doesn't think that I'm gunna stab someone

like so many people down the street 'cos there's like three or four people down the street that I don't know, and they, probably, I don't know what they think about me 'cos I never talk to them but all of them are quite civil towards me, 'cos they know me and then like the rest don't, and it's like, if you see someone like, an older people on like the bus or something, you do not know them, they will stereotype you to be a trouble teenager kind of thing.

Researcher: What about at school?

Carl: Teachers, some teachers.

Researcher: How do you think they see you?

Carl: Annoying, too loud, quite disruptive, but like, quite a good student every now and again which is probably like the best description of me when I can be arsed.

Researcher: And do you think that's a fair description?

Carl: That is actually quite a fair description, it's quite like correct and everything, 'cos if I can be arsed to do something I'll do it, if I can't, don't do it.

Researcher: And you said you don't like school, why's that?

Carl: 'Cos, it's like boring really, like, I've never been like really stretched at school so. Um, it's like that comes with like if you really like, quite intelligent, you, it's hard to be stretched, and then you just get bored and that's why I think I disrupt people so. I know I'm like top set for anything and they're like saying 'oh yeah, you're like the best sort of student - you're

always disruptive' Give us some harder work, and I might not disrupt people, and I have told teachers that, and they yeah we'll try and sort if but they don't do anything, so, it's just like that

student council, we tell them something, they just don't do anything, so it's quite annoying.

Like my mum says, like she says, like um, one of the maturist out of it all like three kids, and yeah no one's like 11 but like for their age and everything, I might be quite mature for my age,

- maturity → link to age.

you says I'm the one that she can have a real civil chat with about general British life and stuff and she enjoys it kind of thing so.

Researcher: Ok, another issue for you was about getting to know young people, and listening to you, and about if people took the time to get to know you they might actually see, and what I wanted to know was what is it that you want them to see? To see what exactly?

Carl: Like what I just said. Like people down the street, if they know me they don't think of me like that but if someone doesn't know me, they like automatically think oh teenager, hoodie, oh he's trouble, he's gunna mug, stab me, whatever, oh he's in a group, and stuff like that and it's like just really annoying.

Researcher: How does that make you feel?

Carl: It does actually make you feel down 'cos I'm not like that kind of thing but I get labelled it and it's just like stupid really and like all the killings like in Manchester and stuff, it's just like yeah, we know about it but it's like that's part of us and it's like no not really. So all they think that, they think you're gunna rob and yeah we're not thieves, not knife-carrying chavs, yeah we're not murderers.

Researcher: You also said a lot about young people having a laugh - what do you...

Carl: You gotta do it in the right places, but sometimes in lessons, if something comes up, yeah we're 15, we're not as, we're not like as mature as you, like we might still laugh over certain things that you might not find funny, but that's our humour and it's, they like get at it and say 'oh it's not funny, why you laughing, listen'. And then you get sent out, and it's like, all we're doing is being teenagers kind of thing, it's just like in that lesson, in English, every five minutes, it's like we're being sent out or someone's being told 'oh this is your last warning, you'll be sent out next time' and it's just child humour and it's like teachers they're just like in a way boring just like, there's a few teachers that you can actually have a laugh with just like now for my DT lesson, I've got Mr Downs, whose like a cover teacher, and we've had him for ages, but he's the only teacher that the whole class can sit down round a table with him, and he'll talk to you, and he's like the most sociable teacher in the world, I know you can't really do that with like a normal teacher, but with him, you can just talk about anything.

Researcher: Do you think it's important to have a laugh in lessons?

Carl: Yeah, learning, learning should be fun but, and if it isn't you get bored so.

Researcher: And you said it's gotta be appropriate, the teacher's saying it's not appropriate to have fun now, or have a laugh, when do you think they might consider it is appropriate?

Important to have a laugh in lessons - learning should be fun.

Carl: Um, probably, at lunchtime and stuff, 'cos there's, like one time, they'll say 'oh you can talk while you're working as long as you do your work'. All of us will talk while we do our work and we'll get like, if there's ten questions, most of us will do nine or the ten, but we're talking as well and 'oh, if you didn't talk, you might have got the ten'. 'Miss we did most of them, if you mark through it it's probably all correct'. And 'cos we socialise we usually talk about it, yeah we might veer off into something else, but we'll talk about it, like in art lesson last year we had, we were doing about the Great British flag, and we had to do like, 'cos we're doing pop art, we had to re-create the British flag, but, can make sure it's that and you can recognise it, and then we move to like 'cos we had a um, like a paki – like I'll say that like no offence to 'em and everything, and um, they're going – 'put some green in it', and we're going 'why'? And they're going then, and put their argument, and we had a good discussion about it and then, like he went off, and then we got carried on with the discussion, we know we didn't do the work, but none of us enjoyed art anyways so it kind of didn't matter in a way but, we had a good discussion and it was an adult conversation, the teacher could have come and sat down with us and like enjoyed and got involved in the conversation as well, they just think like we're disruptive and that and we're not.

looking on with
work and
taking
able to
do
work.

challenge
teacher

Talking in lessons = seen as being
disruptive, but able to engage in
'adult' conversation – different
perspectives.

So like, you've been like in my science lesson with Miss Cowley, there's two at the back, Ollie and Tim, I think, yeah Ollie and Tim, they will talk all lesson, do no work, but me, who does like all my work, completed everything, yes I talk and dis -, I, in a way I don't think I disrupt the lesson, it's actually Miss disrupting the lesson 'cos she picks up on it, if she just left it, we, our little table, yeah we get all our work done, why can't we be left to chat? But, um, I feel victimised in that lesson actually, that's the thing 'cos I'll be the student, 'cos there's like two or three people, we all sit in our own, they'll all get their own book, but I'll be the last person to get a book, when I'm right by the door where they're kept, and she says 'oh you can have one if there's enough, if not you'll have to move'. I actually feel quite victimised in that lesson.

Teachers
disrupt
by
drawing
attention
to things
at
field
notes

Researcher: Why do you think she does that?

Carl: She doesn't like me. She honestly does not like me. It might just be a personal thing, but I don't see how, oh yeah I might annoy her, 'cos I talk, but, I put my good points across and everything and she's going 'oh you never listen in lessons'. Miss – it shows in my tests and everything, I do listen in lessons and I do work 'cos I've achieved like grades, like some of the top in the class and it's, that's why my mum in a way, parents evening, she says 'don't tell

Disrupting
vs
talking
in
lessons
↓
different
perceptions
between
student
+
teacher.

→ France / challenge teachers claim that he doesn't listen in class.

Dang
acc.

me how he is in lessons, just tell me what he's working at'. 'Cos my mum's had it for now for like four parents' evenings, 'chats too much in lessons, he's disruptive apparently, um, yeah he can be quite a good student but he talks too much, but he's work is like really good' and it's like why can't you just say that? The good bits, 'cos that's what we like, just everyone picks up on the bad bits and it's like, no that isn't very nice really 'cos, you wouldn't like us to do to you, saying 'oh she's rubbish this, she's rubbish that, she's rubbish at this, she's rubbish at that' and it's like she'll be like thinking where's the good bits.

Researcher: Do you think that affects you?

Carl: It does affect my confidence. 'Cos like parents evening, I'll come along and um, I like change, I know, I change for like three or four days, 'cos I actually feel oh, teachers this is what they think, but then I get told by my friends and everything, 'why've you changed in lessons? You're not like, not the same person'. If you'd come like just after parents evening,

you'd see me just after the parents evening and probably like like before it, and there's a complete difference in me, um like more bubbly and everything like that and it's like stupid and we like, we get like our grades back for a test, we're not allowed to talk about them, and

um it's like, yeah we might shout across the classroom but if she gives us ten minutes, just to socialise with our friends, 'what du get, let's have a look at your paper, see what you did', like

in, yeah maths lesson, we're actually allowed to do that and that was quite good and all did it and everything, but like science. She's just like boring it up, like we're all gunna go through the paper together. Maybe we don't want to, maybe we want to do it in our little groups and maybe we'll get more done, 'cos like, we have the same all between like a little group instead of like a group of 30 of just you talking really, 'cos she'll tell you like this, this 'n' this and then, you can't discuss it, what if you've put this, and think, like even if you need help you can call her over if you're in your group.

Researcher: Do you feel like you can make suggestions in lessons?

Carl: Sometimes, like I'll put my hand up, um 'cos apparently I talk, and I've got my hand up 'you can't talk', it's like, 'can you put your hand up if you want to talk'. 'er, Miss, hand up (gestures hand up) already'. Like I don't get on with Mr Duncan, I do not like him as a teacher. I had him like once and said I'm not gunna be taught by you.

Researcher: Mr Duncan was there earlier?

Carl: Yeah, it was good to listen to, to see like a point of view from like another side, but, just the message that came across from it, that that's what I didn't like.

to use challenging teachers?

Focus on BAD / negative parts.
- Lack of acknowledgement from teachers about the 'good parts'.

Imp. of being positively recognised

changes in response to parents evening.
? confidence

Importance of dealing with friends in (at) school.

different rules / respect from teachers.

Awareness of other people's presence.

Following formal procedures for contributing in lesson.

linked to stereotype / judgement II.

Appendix IV: Example of coding

Q1. Feeling/being well

Being Happy (main theme)

Feeling well and feeling good were discussed in relation to 'being happy' and 'having a good time'.

Researcher: Ok, so what does feeling well mean to you?

Wendy: Being happy.

Sarah & Karen: Yeah being happy.

Lucy: Having lots of people around you that make you feel happy, so having like lots of friends and family.

Charlotte: Having a laugh with them and being relaxed around them.

Researcher: When you say being happy, can you tell me a bit more...?

Lucy: When you're happy within yourself

Emma: Like when you're happy within yourself (Focus group).

Being happy was described by participants as how you felt about yourself and the things you do. For example, the girls talked about hanging around with friends, playing sports and going shopping. Their sense of being happy was most notably influenced by their relationships to others such as friends and family; and how well they felt they were doing in their lives.

Friends (emerging sub-theme)

Friends were overwhelmingly discussed as part of 'being happy' through offering opportunities to have fun and a good time; in addition to offering support during more difficult times.

Researcher: So Lucy, you said your friends, can you say a bit more?

Lucy: Yeah, I'm, just because like you know when, you can always go and talk to them and so if you, say you weren't happy, normally it's your friends you go to make you happy. (in relation to not feeling well?)

Wendy: It's like you can open up to them.

Lucy: Yeah and they know what to say to make you happier than what you were.

Wendy: A problem is shared, is a problem halved.

Lucy: It's just like the others do together 'cos you

Sarah: They make you laugh, having a good time

Lucy: Yeah, yeah and go out with them (Focus group).

Friends were reported to 'always be there' and 'always listen'. The girls respected, and felt respected by, their friends for not judging them for who they are and what they do. This mutual respect enabled the girls to relax with friends and have a good time.

Having fun (main theme)

The girls talked about the different ways of having fun with friends as part of being happy. This included 'hanging out', watching DVDs, chatting, going shopping and drinking alcohol.

Sarah: Well a lot of the time we just end up chatting, we might like if we go and sleep round one, say Karen's house or something, we'll start watching a movie but it ends up that we ignore the movie and we just end up sitting there and chatting and having a laugh and just basically, we not really doing anything but it's still fun (Individual interview).

Researcher: And what sort of things do you enjoy doing with your friends?

Gina: Just going out and, just going out really like around places, into town, shopping, just around, just stuff like that really...um into town probably like most days, just sit around on the benches and stuff and walk round, or Spinner park.

Confidence (?sub-theme) [c.f. other groups 'believing in yourself']

A further element of being happy was the girls reported levels of confidence. Confidence was again discussed as something the girls lacked and had to work towards in different ways. Confidence seemed to be discussed in three main ways: being happy in yourself and body; being able to talk to new people; and knowing I can do something. (emerging sub-themes).

Researcher: When you say confidence – can you tell me what you mean, what's your definition of confidence?

Sarah: Like being happy in yourself

Lucy: And feeling like happy in your own body.

Charlotte: And feeling confident in what you can do.

All – yeah

Lucy: And yeah like your abilities as well like (Focus group).

Being happy in yourself and body (emerging sub-theme linked to being happy)

The girls' perceptions of themselves were reported to have considerable bearing on their self-confidence. This was closely linked to discussions about their physical appearance.

Charlotte: I mean I'm not confident within myself about **how I look** or anything but certain aspects like my dancing I know I can do really well and I mean **I can go up to someone and speak to them now**, I mean, big headed times, Tony Baldry, Ed Balls, I was in the same room as the Queen when her and Prince Phillip came and talked to Prince Phillip, so I mean the big things like that I am fine with, I mean there will be a bit of, but I mean, I'm generally, if I know I can do something and I tell myself you can do this, you know, you don't need to like let it get to you, then I can just generally just go and do it. So what I mean by confidence it's kind of like the **self-believe** that **I know that I can do something** and there like, if it was like a total stranger if you know if something happened I can just go are you alright? ...But I mean just knowing that I can **believe in myself** and I **know that I can do something**...(Individual interview).

Knowing you can do something (emerging sub-theme linked to being happy)

'Knowing you can do something' was discussed in relation to participants' actions and achievements or 'doing well at something'. In particular, their academic and sports successes made them feel more confident. This was supported by the positive rewards, including commendations, for doing well in and out of school. (**positive recognition from others**).

Sarah: 'Cos I **don't generally have a lot of confidence** in myself I find that my self-confidence comes from like **other people having confidence in me**...(Individual interview).

Charlotte: If say you lack self-confidence and you don't **feel happy** like in your **body** or whatever then you're **not gunna be happy**, and if people like lack **self-confidence** then the people don't really, like it makes you quite a quiet person if you're **lacking confidence** in like anything really so then other people aren't gunna be as like, not friendly towards you...(Individual interview).

intended to ~~improve~~ consequences.

7(10) Determinacy of authors

Health policy ^{pre-} determine, structure

ex. implies loss determined - value of

- value of

1 mea patr
to health.

Theory of science change?

- Age \rightarrow primitive characters

↳ $y_p = \underline{\text{reactive}}$

→ Inhabiting / interacting with our subpopulation / neighbours?

- o Gendered dimensions of violence & health

any sense of pure

- * Points of departure from trad. stereotypes of yp.
- * extent to which yp internalize norms of exact (if universal).

How to value? — process of change

10

— dimension of social organization (along side fin 1)
↳ concept of engine to challenge him?

↳ to what extent to you engage with two structures that shape their lives

- biology of protein — protein synthesis.

A distinction of moral increase from
 non-increase of the social order. — has a moral authority.

(temporality of care)

Separation of generations - respect.

what critical moments \rightarrow what characterizes these? what is it that needs to change?

- Egs of concordance to dominant decrease.

~~Indo-European~~ Non-action on left + pre
↳ resistance not common.
• Suffixes not common +

~~200~~ ✓ unpublished / — documentary expose.
? actual. but non actual.

'near to go', perspective = consistency \neq fundamentality \neq hard \neq but \neq unit
may also exist.
pnc.

when.
can mean for concept of environment ~~not~~ ^{not} on go?
can grow?

→ however, not just about gpi/agreen/pointer ??

* what does this mean for H^1 ?

- new families based on 4p1 occurs
- re-joining the pairs of 4p. Not

11

• implications for schools.

1

2) What is the role of...
possibilities for... innovation of...

EMPOWERMENT + YOUR PEOPLE'S HEALTH.

Attributed empowerment?

Framework of Empowerment:
to elaborate tensions/inconsistencies.

INDIVIDUAL

- ↳ selective interests to incl. responsibility
- disfigure inequalities
- secure yps participation in their own opportunities
- ↳ permission to choose subordination

Pre-supposed empowerment agency
impoverishment. The position of part.
indiv. resp.

Pre-supposed an empowerment agency
or yps

intentional

COLLECTIVE

Agency / in difference / shared action
↳ CAR
Apparent acquiescence. Involvement not to be
? + context

yp define agencies,
compensatory empower. to examine
↳ power core.

Promoting collective action (CCA) to → social change

↳ active organized or union to focus action. Being judged
↳ pre-requisites

↳ redefines empower. as continuum + the tendency to increase power (action is essential for)

EMPOWERMENT

Explore 3 types of empower. based on levels + meaning + who to
↳ BH / HF - power

CONTINUUM?

PROCESS + OUTCOME?

and be understood.

↳ range of possible outcomes - some = emergency; some =
some lead into process; some shift power? some maintain
status quo?

→ intended + unintended consequences.

How does empowerment... → The health?
↳ according to yps frames of ref.

How yps: positioned, how they position themselves.

diff. concept...
of power.

concept. int / sub of

agency, structure, ideology

interrelationship of diff. forms
of equity / power.

How new domain contributed + reproduced?

Implications for individual action + on a population / action + continuing

? 1/100 to health?

④ GET WITHIN DOMINANT DISCOURSE.

IMPOSITIONAL

(Restricting/limiting, restricting) - place/office new properties on y.p.

Bring into effect... establish

op. imposing - can be seen as the y.p. is not dominant, but is imposed

Impairment of control on y.p. is not (day lines)

band on best interests principle & dominant agenda

& Set agenda: y.p. is more restrictive & isolated in relation to health.

& Have to relate to the dominant discourse from within, rather than confront it

linear / circular

top down: imposition of power based on normative framework of ref. (family). taken in HP.

SE + coherence. (normalised) linear

For eg. many pers. - tension for health + temper.

↳ but - pressure + outcomes.

CONCESSIONAL

(forced)

compromise, settlement + agreement, accommodation

Female system - most circles / Parliament

Anger directed / agency, but not 'pure' are

↳ liberative, gives expression.

NORMATIVE

Instrumental, reactionary. Reproductive

Age - social category defines

dev. framework of pure

which condition the differences

↳ implications for val. + coherence → defined on 'y.p.'

— Power / outcomes

Reproduction

Dev. discourse, gender.

* production context but can integrate oppositional agency.

2 interrelated aspects

'POWER TO...'

↳ not systems, but points of view

Need to eg + have out acceptable distinction + common boundaries

- define
- illustrate / eg
- known / mechanisms
- effect
- implications

* main conceptual distinction

* Assumed shift to health

(positioning + limitation of...)

'POWER OVER...'

'internal'

* implications for collective

agency of agency?

* R/S to health

positioning + limitation of

'POWER THROUGH...'

* implications for health

— as coherence has →

disempower?

DISPOSITIONAL

(Attaining) Attitude to act?

↳ the self.

* Belonging to the self. — relational

* transfer to social relations as an act

y.p. position in relation to others.

↳ no making — emotion / knowledge

y.p. qualities / character?

(two ways to 'practical' moments of power)

* y.p. invitation to act in relation to...

* y.p. pursuing + ability to act.

* Writings of social influence → gives way to 'practical' moments of power.

↳ collective disposition

OPPOSITIONAL

* Resistance, contestation, alternative → strict context.

But also eg. of y.p. assertion, local & action → how this shifts power.

* Opposing agencies + concerns. — y.p. care - direction

↳ critical over for y.p. — ? reach open context.

↳ what it means for CCE + context of resistance.

EMPOWERMENT

* Relive.

* Have shifts in power. y.p. + re discourse — how to bring about?

adults need to challenge normative domain to shift exposure in the

domains — collective exposure, ethical aspects — not exclusion here.

⇒ ? bottom-up.

Changes

Appendix VI: Example of emerging themes: Gold group: Young women

Sensitizing categories	Topical categories
<p>Empowerment</p> <p>Health</p> <p>Power</p> <p>Risk</p>	<p>Being happy and having a good time</p> <ul style="list-style-type: none"> • <i>'I'm always happy'</i> • <i>Having fun with friends – provide unconditional support and they 'just make you laugh' – sense of freedom when with friends – 'you don't have anything to worry about'.</i> • <i>Alcohol – discussed in terms of moderation and responsibility ('I drink just enough that stop')</i> <p>Confidence/Belief in the self</p> <ul style="list-style-type: none"> • <i>'Being happy in yourself and body' and 'just believing in yourself'.</i> • <i>Just knowing I can do something makes me feel good – including achievements and extra curricular activities. The importance of positive rewards and commendations for achievements and efforts</i> • <i>Talking to new people (including senior figures such as teachers, politicians, and boys)</i> <p>Barriers to feeling and being well/disorientations to belief in the self</p> <ul style="list-style-type: none"> • <i>Pressure at school: The teachers make you feel it's your fault, they blame you and don't have faith in you, it can really knock your self-confidence</i> • <i>I feel family stress – linked to family illness and divorce</i> • <i>Snide remarks and arguments with peers, often based on appearance and judgements made by others</i> • <i>There's nothing to do and nowhere to go. We're just bored. 'They (adults) don't care about young people and how they feel, about happiness'.</i>

Being judged ('listening to young people)

- *They don't listen to us because we're young. Have to agree with adult opinion if you want to express an opinion and be listened to.*
- *Young people are seen to be too young and immature and stupid, therefore they (adults) don't listen to you*
- *They think we're bad. Bad behaviour is more positively rewarded than good behaviour – if you're good, it's not recognized.*

Valuing young people

- *They need to crush the idea that all young people are yobs*
- *Young people increasing scared of other young people (?barrier to collective forms of empowerment)*
- *Having a choice and a voice*
- *Government and adults not concerned about young people being happy and their health, they just want to get young people off the streets.*

Appendix VII: Participant Information Sheet

What's it all about?

My name is Grace and I am inviting you to take part in a research study about young people's views on their own health and well-being. I want to find out what you think are the most important things influencing your health and well-being. I will be asking lots of people your age to take part in this study.

What do I have to do?

If you would like to take part, I will first talk to you in a small group with other young people at your school. I would also like to talk to you on your own if you are happy to do so. We will talk for about 45 minutes to one hour at different times whilst you are at school; for example, during lesson time and at break and lunchtimes – you can let me know when would be a good time for you and your friends to talk to me. I will use a tape recorder during our discussion – just so it's easier for me to remember everything you say.

This is not a test and there is no right or wrong answer! I simply want to find out what you think!

As part of this study, I will be spending quite a lot of time at your school and will sit in on some of your lessons and spend time in the canteen area and school playing fields. I will make notes about things I see and hear to help me better understand what school is really like for young people. These notes will not be shared with anyone and you will not be identified in them.

It is also important for me to find out about your health inside and outside of school just so that I can really understand what health means to you and other young people. We can talk about this more during our discussions at school.

What will happen with things I tell you?

Everything you tell me is confidential. This means that I will not tell anyone what you say. Your name will not be included in anything I write about what young people think about their health.

I will use the things you tell me about health to write a report on young people's views on health as part of a PhD degree at the Institute of Education, University of London. I can tell you what the report says when it is finished.

What happens if I tell you something very important or serious about me?

If you tell me something important that means you or someone else may get hurt or be harmed, I **must** tell the school's Pastoral Manager. I will, however, discuss this with you first before we talk to the pastoral manager.

Any questions?

Please ask me! You can talk to me when I am around the school or email me if you want to find out more or have any questions.

Grace Spencer Tel: XXXXXXXXXXXX Email: gspencer@ioe.ac.uk

Thank you for taking the time to read this information sheet

Participant consent form

Consent form

Please take your time to read the information sheet and ask me any questions you have before signing this consent form.

I confirm that I have read and understand the information sheet and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

I understand the research involves observations made in and outside of school and agree notes and information made about these observations can be used in the study.

I agree the discussion will be audio-recorded.

I agree to take part in the study.

Name of Participant.....

Signature.....Date.....

Name of Person taking consent.....

Signature.....Date.....

Grace Spencer

Tel: XXXXXXXXXXXX

Email: gspencer@ioe.ac.uk

Appendix VIII: Letter and information sheet for parents/guardians

2 XXXXXXXX Close,
Beeston,
Nottingham
NGX 3XX

DATE

Dear Parent/Guardian,

I am conducting a research study, as part of a PhD at the Institute of Education, University of London, into young people's views on their own health and well-being. I would like to invite your son/daughter to participate in this study which aims to explore the factors young people themselves consider most important for their health and well-being. It is hoped the information from the study will help identify young people's thoughts and experiences of health in order to inform future activities to promote young people's well-being. I have included an information sheet so that you can find out more about the study.

The study has been welcomed by the school's Vice Principal and will be approved by the Institute of Education's ethics committee.

I hope you feel you can support this study and are happy that your son/daughter has been asked to participate. Please feel free to contact me should you have any further questions.

Yours sincerely,

Grace Spencer

Tel: XXXXXXXXXXXX

Email: gspencer@ioe.ac.uk

Information Sheet for Parents/Guardians

What's it all about?

Your son/daughter is being invited to take part in a research study about young people's health. I want to find out what young people think about their own health and well-being and the factors which might influence their experiences of feeling healthy.

What does my son/daughter have to do?

If your son/daughter would like to take part in this study, I will first ask them to talk to me about their own health within a small group with other young people whilst at school. During the study, your son/daughter will also be given the opportunity to talk to me in a one-to-one discussion. These discussions will happen at a time that best suits your son/daughter and will ensure minimal disruption to lesson time. Teachers will not be involved in any of the discussions. The discussions will be audio-recorded just so that I can remember everything that is discussed. The tapes will not be shared with anyone and will be destroyed at the end of the research.

As part of this study, I will be spending some time at your son/daughter's school to observe how young people interact with each other and their teachers. However, it is also important for me to try and understand the different aspects of young people's health and well-being – inside and outside of school. I would therefore like to talk to your son/daughter after school when they are with their friends if you and your son/daughter are happy for me to do so. I will write to you again before I start this part of the research to make sure you remain happy to support your son/daughter's involvement in the study and also to let you know what this part of the research will involve.

Your son/daughter's participation in this study is completely voluntary. If your son/daughter would like to take part I will ask them to sign a consent form. I will give them a copy of this form and information sheet to keep. Even if your son/daughter initially chooses to take part they may withdraw at any time from the study. Whilst your son/daughter can decide whether they would like to take part in the study, please do let me know if you would prefer that your son/daughter did not take part – you can do this at any point.

Will the information my son/daughter give be confidential?

All the discussions will be treated as confidential and any information given will be anonymised. This means that all information which may identify your son/daughter will be removed from any written notes. All notes will be securely stored until the completion of the study and will not be shared with anyone else. However, if any individual indicates they are at significant risk of harm the school's pastoral manager will be informed. This will enable the pastoral manager to ensure the well-being of the individual is protected.

What will happen with the information my son/daughter tells you?

The information given will be used to write a PhD thesis at the Institute of Education, University of London. The information may also be used to write a paper which could be published in an academic journal and presented at a conference. A summary of the report will be available for anyone who takes part including parents/guardians. All information reported will be anonymous and your son/daughter and the school will not be identified in any reports.

Any questions?

Please feel free to ask them. You can call or email me if you would like to talk through any aspect of the study or if you have any more questions. **Thank you** for taking time to read this information.

Appendix IX: Conceptual Framework of Empowerment

